

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

**Date of Report** Monday, May 21, 2018

## Auditor Information

<b>Name:</b> Roger Lynn Benton	<b>Email:</b> roger.benton@cdcr.ca.gov
<b>Company Name:</b> California Department of Corrections and Rehabilitation (CDCR)	
<b>Mailing Address:</b> 1515 S Street 344-N FOPS/SH	<b>City, State, Zip:</b> Sacramento, CA 95811
<b>Telephone:</b> (916) 798-9953	<b>Date of Facility Visit:</b> April 9-10, 2018

## Agency Information

<b>Name of Agency:</b> New Mexico Corrections Department		<b>Governing Authority or Parent Agency (If Applicable):</b> Not Applicable	
<b>Physical Address:</b> 4337 NM14		<b>City, State, Zip:</b> Santa Fe, New Mexico, 87508	
<b>Mailing Address:</b> P.O. Box 27116		<b>City, State, Zip:</b> Santa Fe, New Mexico, 87502	
<b>Telephone:</b> (505) 827-8884		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> We commit to the safety and well-being of the people of New Mexico by doing the right thing, always.			
<b>Agency Website with PREA Information:</b> <a href="http://cd.nm.gov/prea/prea.html">http://cd.nm.gov/prea/prea.html</a>			

## Agency Chief Executive Officer

<b>Name:</b> David Jablonski	<b>Title:</b> Secretary of Corrections, New Mexico CD
<b>Email:</b> david.jablonski@state.nm.us	<b>Telephone:</b> (505) 827-8884

## Agency-Wide PREA Coordinator

<b>Name:</b> Jillian Shane	<b>Title:</b> PREA Coordinator
<b>Email:</b> jillian.shane@state.nm.us	<b>Telephone:</b> (575) 523-3303
<b>PREA Coordinator Reports to:</b> Secretary of Corrections, New Mexico CD	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 11

## Facility Information

**Name of Facility:** Roswell Correctional Center (RCC)

**Physical Address:** 578 West Chickasaw Road, Hagerman, New Mexico, 88232

**Mailing Address (if different than above):** Same as Above

**Telephone Number:** (575) 625-3100

**The Facility Is:** ☐ Military ☐ Private for profit ☐ Private not for profit

☐ Municipal ☐ County ☒ State ☐ Federal

**Facility Type:** ☐ Jail ☒ Prison

**Facility Mission:** We commit to the safety and well-being of the people of New Mexico by doing the right thing, always.

**Facility Website with PREA Information:** <http://cd.nm.gov/prea/prea.html>

### Warden/Warden

**Name:** Ruben Benavidez **Title:** Warden

**Email:** ruben.benavidez@state.nm.us **Telephone:** (575) 625-3113

### Facility PREA Compliance Manager

**Name:** Guadalupe Castro **Title:** Business Operations Specialist

**Email:** guadalupe.castro@state.nm.us **Telephone:** (575) 625-3126

### Facility Health Service Administrator

**Name:** Don Douglas **Title:** Health Services Administrator

**Email:** dodouglas@centurionnm.com **Telephone:** (575) 625-3184

### Facility Characteristics

**Designated Facility Capacity:** 340 **Current Population of Facility:** 303

**Number of inmates admitted to facility during the past 12 months** 389

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** 370

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** 380

**Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:** 0

**Age Range of Population:** Youthful Inmates Under 18: 0 **Adults:** 19-64

**Are youthful inmates housed separately from the adult population?** ☐ Yes ☐ No ☒ NA

**Number of youthful inmates housed at this facility during the past 12 months:** 0

**Average length of stay or time under supervision:** 2.06 years

**Facility security level/inmate custody levels:** Level 2

<b>Number of staff currently employed by the facility who may have contact with inmates:</b>	58
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	12
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	2
<b>Physical Plant</b>	
<b>Number of Buildings:</b> 38	<b>Number of Single Cell Housing Units:</b> 0
<b>Number of Multiple Occupancy Cell Housing Units:</b>	0
<b>Number of Open Bay/Dorm Housing Units:</b>	8 (A-G & K)
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	0 There is no Ad/Seg at Roswell
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>	
There is either one or multiple cameras in every housing unit, (A-G & K) Gym, Chapel, Education, Laundry, Medical, Canteen/Property Room, and Visiting. Every camera is monitored in Central Control Room.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	24 hour on-call medical staff
<b>Forensic sexual assault medical exams are conducted at:</b>	Eastern New Mexico Medical Center, Roswell, NM
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	60
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	5

## Audit Findings

### Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Roswell Correctional Center is located at 578 West Chickasaw Road, Hagerman, New Mexico which is approximately 24 miles from the City of Roswell.

The Roswell Correctional Center is participating in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of April 9-10, 2018.

Following coordination, preparatory work and collaboration with management staff at the Roswell Correctional Center, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

## **PRE-AUDIT PHASE**

On February 21, 2018, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Notices were to be posted in areas accessible to both offenders and staff.

The PREA Compliance Manager at the Roswell Correctional Center emailed the auditor time/date stamped pictures of different locations within the facility to include all housing unit informational bulletin boards, (Dorms A, B, C, D, E, F, G1, G2 & K), the Barber Shop, Chapel, Classification Trailers, Gym, Library, Food Services, Medical, Maintenance, Hobby Craft, Work Areas, Welding area and Visiting.

The pictures were date and time stamped on February 24, 2018, to indicate when/where they were posted with upcoming audit information.

The posted information was still in many, if not all, of those same locations stated, during our on-site audit tour.

Pre-audit Section of the compliance tool: I received the completed Pre-Audit Questionnaire on March 9, 2018. I also received the pre-audit questionnaire, audit process map, checklist of all PREA related policies/procedures and other documents from the Roswell PREA Compliance Manager on March 12, 2018. I started completing the Audit section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

I did not receive letters from any offenders housed at the facility prior to my arrival, while at the institution or, so far, during the post-audit portion of this audit. I also did not receive any letters from an anonymous or third-party source (family member of an offender).

It should be noted that the Roswell Correctional Center received their PREA Final Report from their last 3-year cycle on March 11, 2016.

## **ON-SITE PHASE**

On April 9, 2018, the audit team arrived at the Roswell Correctional Center.

The audit team consisted of 4 auditors, which included Shannon Stark, a DOJ Certified Auditor and Captain for CDCR, Nancy Hardy, a DOJ Certified Auditor and retired Associate Warden for CDCR, John Katavich, a DOJ Certified Auditor and retired Warden for CDCR and myself, a DOJ certified auditor and retired Captain for CDCR. All members of the auditing team have completed several In-state Pre-Audits and Out-of-State formal audits.

As a team, we spent approximately 52 hours on-site at the Roswell Correctional Center and approximately 2 hours completing telephonic interviews with staff that were not on-site during our visit.

Upon arrival to the facility, the audit team met with Roswell Correctional Center's Warden Ruben Benavidez, State PREA Coordinator Jillian Shane, PREA Compliance Manager Lupe Castro and various members of the Roswell Correctional Center's Management staff for greetings, introductions and information sharing. The audit team was escorted to a conference room which served as a home base for audit preparation and organization.

Prior to arrival at the Roswell Correctional Center, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who would be interviewed during the on-site portion of the audit. The auditor also requested a current listing of all staff working at the Roswell Correctional Center as well as a current list of all offenders housed at the Roswell Correctional Center. Once settled in the conference room, all the requested information was provided to the auditors.

The audit team reviewed the lists and highlighted, in yellow, the names of random staff and random offenders we wished to interview. The reviewed list that the audit team received contained all the custody and non-custody staff scheduled to work on the days of the on-site review, sorted by shift. The other list contained all offenders currently housed at Roswell Correctional Center, sorted by housing unit.

A majority of the Roswell Correctional Center custody staff work 2, 12-hour shifts. (0600-1800 hours and 1800-0600 hours) A few custody staff work 0600-1600, 0700-1500, 0730-1530 and 0800-1600. Most Medical and Mental Health staff work 0700-1530 and 0800-1630 hours.

The staff names were randomly chosen to include various work areas, shift schedules and classifications to get a formal response of wide-spread information from around the institution.

The offender names were randomly chosen to include some from each of the housing units and classification/custody level.

The auditor also requested a list of offenders, if any, classified/known in any of the following categories:

- Disabled Inmates (Hearing, Vision & Mobility)
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

This list did not specifically identify offenders according to any/all the seven above referenced categories, however, the PREA Compliance Manager worked with the auditor to identify the offenders in the categories, and, after review, a complete list was later supplied.

On-site Review: The audit team conducted a thorough on-site review of the facility. The PREA Coordinator, PREA Compliance Manager and several staff members escorted the tour as the team broke into two groups.

Members of the team toured the facility to include all Housing Units (A-G & K), reviewed all informational bulletin boards, walked through the offender dining room/kitchen, visiting area, Maintenance/Warehouse areas, Library, Chapels, Education, Laundry, Medical, Canteen/Property as well as the gym/exercise area. As the tour moved throughout the facility, the team would make a notation on the supplied site map indicating which area had been visited and reviewed.

During the tour, all 4 audit team members asked impromptu questions (Informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. In offender housing units, audit team members tested offender telephones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. Using the offender accessible telephone, I called the listed Rape Crisis Center telephone number \*9999 and a staff person answered. The staff member, at the Rape Crisis Center, explained this telephone number was monitored 24 hours a day, 7 days a week. Information is obtained from the caller, then directed to the responsible coordinator for immediate action.

In offender work areas, audit team members assessed the level of staff supervision and asked questions (Informal interviews) to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of PREA information posters, New Mexico Corrections Department contact numbers and outside agency's numbers, located in offender housing/limited work areas and placement of the PREA audit notices provided to the facility. In most areas, an audit team member took photos to document the on-site review.

### PREA Management Interviews:

The New Mexico Correction's Department Agency Secretary was interviewed, telephonically, on April 9, 2018.

The Roswell Correctional Center's Warden and PREA Compliance Manager, along with the Statewide PREA Coordinator, were interviewed on-site, on April 9, 2018.

The auditors worked with facility staff to schedule a time for each interview. All audit team members were escorted to the offices of the respective manager or arranged to utilize another office where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand.

All their summarized remarks and documentation presented, are in this report.

Specialized Staff Interviews: Using the list of specialized staff, received from the PREA Compliance Manager, audit team members were escorted to the work locations of individual specialized staff to perform the required interviews.

The audit team also identified 21 specialized staff classifications to be interviewed. Interviews included staff from the following areas:

- 1 Agency Contract Administrator.
- 2 Intermediate/Higher level staff responsible for unannounced rounds.
- 1 Medical staff members (Contracted)
- 1 Mental Health staff members
- 1 Non-medical staff involved in cross-gender searches
- 1 Administrative (Human Resource) staff member
- 1 Sexual Assault Nurse Examiner (SANE) (Telephonically)
- 1 Victim Advocate from La Cruces, NM (Telephonically)
- 2 various Volunteers (Religious)
- 2 various Contractors (Food services)
- 1 Investigator Staff members
- 2 Staff who perform Screening for Risk of Victimization and Abusiveness
- 0 Staff who supervise offenders in Administrative Segregated. There is no Ad/Seg at RCC.
- 2 Sexual Abuse Incident Review Team Members
- 1 Person Responsible for Monitoring Retaliation
- 4 First Responder, both security and non-security, staff members
- 2 Staff who conduct Intake Screening
- 1 Classification Counseling Staff member
- 1 Person Responsible for Institutional Contractor, Volunteer and Vendor Clearances
- 1 Food Services staff. (Contracted)
- 1 Head of Education for adult offenders
- 1 Roswell Correctional Center's Training Department
- 0 Line staff that who supervise youthful offenders. No youthful offenders at RCC.
- 0 Educational/Program staff who work with youthful offenders. No youthful offenders at RCC.

Roswell Correctional Center currently has 46 sworn staff positions that includes 1 Major, 1 Captain, 5 Lieutenants and 39 Correctional Officer positions.

Where the circumstances dictate, the auditors would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and both shifts. Audit team members were escorted to various locations where identified staff members were located for the interviews. The interviews were conducted individually and in private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the PREA interview protocols for random staff and recorded the answers by hand.

Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 12 on-site formal and 10 informal random staff interviews were conducted from various categories of staff from both shifts.

During the on-site tour, auditors would stop, speak to staff (Informal interviews) in all categories, and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

Work shifts for custody staff are as follows:

- 1st watch: 0600-1800 hours.
- 2<sup>nd</sup> watch: 1800-0600 hours.

A few custody and Non-custody staff worked similar variations of these shifts, to include:

- Custody staff 0600-1600, 0700-1500, 0730-1530 and 0800-1600 hours.
- Most Medical and Mental Health staff work 0700-1530 and 0800-1630 hours.

Random Offender Interviews: The auditor determined that at least one or more offenders from each housing unit would be interviewed. Audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders, from various age groups, ethnicities and races, from their assigned housing units.

Audit team members were escorted to various location where the identified offenders were made available to participate in the interview in a private interview room/office. During our on-site tour, auditors would stop, speak to numerous offenders in all categories,(Informal interviews) and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc.

These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

A total of 24 formal and 12 informal random offenders' interviews were conducted from offenders living in various housing units. There are a total of 303 offenders housed at the Roswell Correctional Center. (See breakdown below)

PREA-Interest Offender Interviews: Audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards.

Due to the current mission of the Roswell Conservation Center, there are a limited number of offenders in the following categories.

These 8 categories are:

- Disabled Offenders:
- Limited English Proficient (LEP):
- Transgender and Intersex Offenders:
- Gay & Bisexual Offenders:
- Offenders in Segregated Housing for Risk of Sexual Victimization:

- Offenders who Reported Sexual Abuse:
- Offenders who disclosed Sexual Victimization during Risk Screening:
- Offender's that wrote letters to the auditors:

Audit team members selected offenders from the list received from the PREA Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team members were either escorted to the offender's housing unit or provided a centralized private office for interviews.

The offenders were escorted to where the auditor was located. The auditor would tell the offender why they were at this institution, what their role was in the PREA Audit process and explain why the interviews were being conducted. The auditors would also explain that the offender's participation, although helpful, is voluntary and they could stay or leave at their convenience.

The auditor then asked if the offender wanted to participate, and if so, begin to ask the line of questions in the respective interview protocols. Audit team members also conducted additional interviews of the same offender if a random offender interviewee also disclosed information suggesting that one of the above categories of PREA interest applied to them.

These additional interview would be reflected in this report but only counted as 1 category or the other, but not both.

Document Reviews: The document review process was divided up between auditors. The auditor reviewed the files of all 8 related to allegations of sexual abuse/sexual harassment. The Compliance Log indicated there were 8 administrative allegations and 0 Criminal Allegations. Later, auditors reviewed training records, personnel records, contractor and volunteer records, and reviewed the records maintained through the offender intake process. The auditors collected copies of documents, as necessary.

A thorough review of the New Mexico Corrections Department Policies was included in all three phases of the audit: Pre-Audit, On-site portion and the Post-Audit.

The auditors responsible for the records review indicated that they chose 10, various category, staff personnel files, chosen from a list of new employees, employees who were promoted and those who have been at Roswell Correctional Center for longer than 12 months for review.

Of the 10 personnel files reviewed, all 10 showed they were in full compliance with all PREA related information at the time of initial review. Sporadic informational reviews also indicated full compliance.

Additionally, 10 staff members training files were reviewed, all 10 showed full compliance with all PREA related information at the time of review. Overall training requirements also indicated full compliance.

Finally, 10 offender files, chosen randomly from a Master Roster sheet, were reviewed to show if, though their signed acknowledgement sheets, all had received an Orientation Booklet, PREA Brochure and viewed the PREA video, when they arrived at Roswell Correctional Center.

The PREA Compliance Manager and PREA Coordinator provided the audit team with Sexual Incident Reports (SIR) for the 8 allegations received during the previous 12 months.

The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:



- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified
- Investigating Officer
- Notification Given to Inmate

Audit team members recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified.

Audit team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information.

The audit team scheduled a close-out discussion with Warden Benavidez, the PREA Coordinator and the PREA Compliance Manager on April 10, 2018. During this close-out discussion, Roswell Correctional Center staff were provided with an overview of what had been identified as areas of concern during this audit.

## **POST-AUDIT PHASE**

Following the on-site portion of the audit, the audit team met and discussed the post-audit phase and the next steps. This auditor gathered all written information and feedback from the other team member and took responsibility for completing the final report.

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, certified auditors are required to submit a report to the audited agency within 45 days of completion of an on-site audit.

It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance.

The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action, such as reviewing updated policies and procedures or re-inspecting portions of a facility." At the completion of the corrective action period, the auditor has 30 days to issue a "final report" with final determinations.

Section 115.404 (d) states that, "After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action."

The final report, which is a public document that the agency is required to post on its web site or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

If the Roswell Correctional Center meets all of the Standards, without the need for a Corrective Action Plan, the final report must be submitted to the facility by May 25, 2018.

This auditor and the PREA Compliance Manager agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PREA Compliance Manager.

Audit team members documented all final clarification questions, missing information, and requests for additional documentation, etc. to follow-up with the PREA Compliance Manager and sent the request, through email, on Monday, April 23, 2018.

After receiving several documents and pictures from the PREA Compliance Manager, an updated request was sent, via email, to the PREA Compliance Manager and PREA Coordinator on Sunday, May 6, 2018. During these times, there was multiple telephone calls to and from the PREA Compliance Manager and myself.

After several emails and telephone calls, all requested information was returned to the auditor by Saturday May 19, 2018.

All of the concerns that the audit team had addressed during, both the on-site audit and exit interview, with the Roswell Correctional Center Administrative Staff, on Tuesday, April 10, 2018, were addressed, documented and satisfactorily corrected by Monday, May 21, 2018. The documents provided were reviewed for completeness and to verify that they meet the requirements per PREA Standards. This report was written to include any corrective actions that took place to correct any listed deficiencies plus any additional item that required monitoring and updates.

A PDF copy of this document was forwarded to the New Mexico Corrections Department PREA Coordinator, as well as the Warden and the PREA Compliance Manager of the Roswell Correctional Center on May 22, 2018.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and offender interview notes and site review notes and began the process of completing the Audit section of the compliance tool. The auditor used the Audit section of the PREA Compliance Tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable Sub-Section of each standard, the auditors completed the “Overall Determination” section at the end of the standard indicating whether the facility’s policies, procedures and practices exceeds, meets or does not meet standard.

Where the auditor found the facilities policies, procedures and practice did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility’s policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

## Facility Characteristics

*The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Roswell Correctional Center is located in Chaves County and is located at 578 West Chickasaw Road, Hagerman, New Mexico, 88232.

The Roswell Correctional Center originally opened in 1978 as a Minimum Facility (Level 1) with an offender capacity of 65. In January 2000, the custody level changed from a Level 1 to a Level 2 facility with a new maximum capacity of 340 offenders.

The prison is currently designated a Level 2 security facility which houses only male offenders. The facility perimeter has no security towers and no electrified fence. It does, however, have a 'shaker Fence' which is a detection system on the outer perimeter fence. This is a small gauge wire that attaches to the fence, and when movement occurs, a signal is sent to Master Control and an alarm will be activated, alerting staff. It also has a roving patrol officer.

The facility consists of the following housing plan:

- The A-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 48 offenders. Currently it houses 46 offenders.
- The B-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 56 offenders. Currently it houses 49 offenders.
- The C-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 14 offenders. Currently it houses 13 offenders.
- The D-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 14 offenders. Currently it houses 1 offender.
- The E-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 44 offenders. Currently it houses 39 offenders.
- The F-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 44 offenders. Currently it houses 42 offenders.
- The G-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 100 offenders. Currently it houses 92 offenders.
- The K-Dorm Housing Unit is a General Population Unit dorm for a maximum capacity of 20 offenders. Currently it houses 19 offenders.

The Roswell Correctional Center currently houses 303 offenders in the following racial/ethnic composition:

- There are 78 White offenders
- There are 25 Black offenders
- There are 176 Hispanic offenders
- There are 22 Native American offenders
- There are 2 Listed as Other offenders

There is a Control Booth in which all staff and visitors must pass through to enter or exit the secured facility. Identification is shown, personal keys are held and cellular telephones are not permitted without written authorization.

Roswell Correctional Center offers activities to all offenders. These activities include voluntary education for receive a General Equivalency Diploma (GED), Welding Arts, Building Trades and College Courses.

There are a variety of religious services, to include Catholic Services, Native America Sweat Lodge, Jehovah Witness, Islamic Services, Bible Studies and Nondenominational Services.

There is also self-help counseling groups, to include Alcoholics Anonymous, Narcotic Anonymous, Life Skills, Peer Education and Behavioral Health. The motto is 'Prisoner Health is Community Health'.

Roswell Correctional center also has an outdoor recreation yard and indoor gymnasium.

**Within the audit, the Corrections Department (CD) policies are listed as follows:**

- CD-030200 10/19/16 Recruitment, Selection, and Hire of Correctional Officers. Correctional Officer Specialist and Probation/Parole Officers.
- CD-031800 02/23/15 Office of Professional Standards, Personnel Investigations, Staff Misconduct Reporting.
- CD-032200 04/28/17 Code of Ethics
- CD-032201A 04/28/17 Code of Ethics
- CD-037800 03/31/17 Disciplinary Action for Classified Employees
- CD-060200 06/07/17 Citizen Involvement and Volunteers
- CD-080100 11/23/16 Institutional Classification, Inmate Risk Assessment and Central Office Classification
- CD-090100 09/19/16 Inmate Discipline
- CD-141100 12/28/16 Protective Custody Policy
- CD-141500 12/29/16 Restrictive Housing
- CD-150100 10/31/17 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedure, Prison Rape Elimination Act
- CD-150101 10/31/17 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedure, Prison Rape Elimination Act
- CD-151102 10/31/17 Coordinated Response to Sexual Assault
- CD-150500 02/28/17 Inmate Grievances
- CD-170100 06/09/16 Medical Clinical Service, Psychiatry Services, Detoxification, Intoxication and Withdrawal
- CD-176100 03/31/17 Patients' Rights and Responsibilities
- CD-180100 09/27/16 Behavioral Health Clinical Services
- CD-180200 11/30/16 Behavioral Health Reception and Diagnosis Center (RDC)

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 1

### Reporting

- 115.53

**Number of Standards Met:** 42

### Prevention Planning

- 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17 and 115.18

### Responsive Planning

- 115.21 and 115.22

### Training and Education

- 115.31, 115.32, 115.33, 115.34 and 115.35

**Screening for Risk of Sexual Victimization and Abusiveness**

- 115.41, 115.42 and 115.43

**Reporting**

- 115.51, 115.52 and 115.54

**Official Response following an Offender Report**

- 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67 and 115.68

**Investigations**

- 115.71, 115.72 and 115.73

**Discipline**

- 115.76, 115.77 and 115.78

**Medical and Mental Care**

- 115.81, 115.82 and 115.83

**Data Collection and Review**

- 115.86, 115.87, 115.88 and 115.89

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above and beyond, regarding seeing to the needs of the auditors and the continued hospitality.

The audit of this institution went very well. Roswell Correctional Center staff were very helpful and responsive to the needs of the auditors and any concerns that were expressed, in the pre-audit, on-site portion and post-audit process. The audit team thanks the Warden, PREA Coordinator, PREA Compliance Manager and the entire staff for this because it simplified the process that needed to be completed.

Overall, it is evident that staff at the Roswell Correctional Center has been working toward continual compliance with the PREA standards.

Due to their hard work and dedication to achieving sexual safety for the offenders, the facility was in full compliance with a large majority of all the standards at the beginning of the post-audit phase of this audit process. They are to be commended.

Some of the positives observed by the audit team included:

- Roswell Correctional Center staff have a great understanding of the PREA standards and were able to provide all needed information when interviewed.
- I am very impressed with the overall knowledge and understanding, to include all PREA standards that the Statewide PREA Coordinator and Roswell Correctional Center's PREA Compliance Manager possess. All information needed and documentation requested, was provided quickly and accurately.
- Curtains and half-doors in the shower and toilet areas, provide good mitigation to cross gender viewing in all 8 housing units.

- PREA posters, with current notification numbers and addresses, in English/Spanish were located next to every offender telephone and on all common area bulletin boards. Most, if not all, audit notification posters were still in place from the original placement.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- The information provided by the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an allegation. Most offenders stated they could freely speak to staff about PREA issues.

Some of the areas of concern, at the completion of the on-site audit included:

- There were blind spots identified in a few areas of the institution that required mitigation.
- Offender files were difficult to review as they did not have the same layout making it difficult to find needed/required information.
- A good tracking device was not present that could show that the information from the Intake Screening was used for housing or program needs.
- There was some confusion reading and understanding the Staffing Plan.
- A good tracking device was not present to show if a follow-up occurred when offender disclosed sexual victimization was seen by Mental Health.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA Compliance Manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

- Does the PREA Compliance Manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
☒ Yes    ☐ No    ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Secretary
  - PREA Coordinator
  - PREA Compliance Manager

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed. The 45-page document, which includes an 8-page policy which provides definitions of prohibited behaviors and outlines implementation of the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, there are 37 pages of Assessment Tools, Screening information, and addendum Corrections Department policy 150101 and 150102. Finally, the document contains the agencies Facility Response Check-List and the Staff Retaliation Monitoring Check-List. In many cases the policy mirrors the language contained in the PREA Federal Standards.

During interviews, the Secretary of Corrections and Roswell Correctional Center Warden confirmed the agency's commitment to achieving PREA certification and the agency's zero tolerance policy.

The policy mandates that a Statewide PREA Coordinator will be assigned at the Agency Level position. Per memorandum, authored by Secretary of Corrections, D. Jablonski, dated April 19, 2017, named Jillian Shane as currently assigned as the agencies PREA Coordinator. This is confirmed by review of the agency organizational chart provided with the pre-audit questionnaire. Ms. Shane has regular contact with the 11 assigned PREA Compliance Managers through site visits, emails and direct conversations. In addition, Ms. Shane was at the facility, for the entire on-site-review and answered questions, as needed. Ms. Shane is leading the agency's commitment to attain PREA compliance. During her on-site interview with the auditors, it was evident Ms. Shane was very knowledgeable about the standards and could explain the processes that each facility followed in preparation for this audit.

Ms. Shane's job is complex, as she is also the New Mexico Corrections Department's Inspector General, but assured and demonstrated she is able to fulfill all required duties as the Statewide PREA Coordinator and has the authority to make any/all changes to any needed PREA issue.

The policy mandates the assignment of the facility PREA Compliance Manager. Per memorandum, authored by Roswell Correctional Center Warden R Benevidez, dated November 27, 2017, named Guadalupe 'Lupe' Castro as currently assigned to the role of PREA Compliance Manager at the Roswell Correctional Center. Ms. Castro reports to the PREA Coordinator/Inspector General, Ms. Shane, for any/all PREA related questions and issues. The facility organizational chart identifies Ms. Castro as the Roswell Correctional Center's PREA Compliance Manager. During formal and informal discussions with the auditors, it was evident Ms. Castro was very knowledgeable about the standards and could explain the processes the facility followed in preparation for this audit. Once reviewed, any questions or concerns during the audit process were responded to with factual answers and/or documentation.

Ms. Castro indicated that, currently, she is also the institutions Administrative Assistant to the Roswell Correctional Center's Warden.

During the interview with auditor's, Ms. Castro stated that the PREA process is time consuming but she is able to fulfill all required duties as the Roswell Correctional Center's PREA Compliance Manager and has the authority to make any/all changes to any needed PREA issue.

The staff at Roswell Correctional Center look to Ms. Shane and Ms. Castro to provide direction regarding PREA compliance.

During interviews with staff and offenders, it was clear that Ms. Castro provides training, information and guidance to staff and the offender population concerning PREA Standards on a regular basis.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

#### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Agency Contract Administrator

During an interview with Warden Benavidez of the Roswell Correctional Center, he stated that contracts for the confinement of offenders are in effect at a state level, however, no staff, including himself, at the Roswell Correctional Center, were in charge of monitoring or responsible for any aspect of those contracts. Warden Benavidez also stated that if any contracts for the confinement of offenders, that he controlled, were to be put into place in the future, all required language would be in compliance with the PREA Standard.

During an interview with the Agency Contract Administrator, he stated that the New Mexico Corrections Department has contracted with 5 private agencies or other entities during this audit timeframe, for the confinement of offenders. The Agency Contract Administrator also stated the contracts are drafted, reviewed and finalized by staff at the Agency level. Finally, the Agency Contract Administrator stated that documented reviews, reports and all self-audits, for the compliance of all PREA Standards, which New Mexico Corrections Department staff attend, are forwarded to him.

Upon review, the Auditor found that the website of the New Mexico Corrections Department, under the heading Adult Prisons, ([http://cd.nm.gov/apd/facility\\_list.html](http://cd.nm.gov/apd/facility_list.html)) states there was 5 privately operated facilities currently contracted for confinement of offenders.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Secretary
  - Warden
  - PREA Compliance Manager
  - Intermediate or Higher Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

CD-150100, section U states, Each facility shall develop, document, and make best efforts to comply on a regular basis with a staging plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against sexual abuse. In calculating adequate staffing levels and determining a need for video monitoring, facilities will take into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any finding of inadequacy from Federal Investigative agencies;
- Any findings of inadequacy from internal and external oversight bodies; all components of the facility's physical plant (including blind spots);
- The composition of the inmate population
- The number and placement of supervisory staff; institution programs occurring on a particular shift;
- Any applicable State or Local laws, regulations or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

The current staffing plan meeting, which was last held on April 19, 2018, is evaluated annually or more frequently if needed, and provides for adequate levels of staff to protect offenders against abuse. The staffing plan was predicated upon an average daily offender count of 340, the average daily number of offenders during the time of the audit was 303.

Deviations from the staffing plan are documented on the shift rosters, as required by policy. Once a deviation is discovered, line staff informs the shift commander who locate appropriate staff to fill the watch. If staff is not available, the shift commander notifies the Associate Warden to review, fill and maintain a full watch.

Policy also states that at least one time per year, the facility will hold a meeting to assess, determine and document whether adjustments are needed to the staffing plan, the facility's deployments of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. At the conclusion of the meeting, documentation of the review shall be forwarded to the Agency Level PREA Coordinator for review.

Policy states that staff members of the opposite sex of the inmate population in their facility must announce their presence when entering an inmate housing unit. These announcements must be logged into the housing unit daily log for that unit. Policy mandates that intermediate level or higher level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the shift report including the date, time, and person's name who made the rounds. During our multiple site tours over the three days, we saw 4 or more different upper level managers make unannounced rounds in various housing units and work areas. Also, audit team members reviewed unit logs and noted consistent entries by supervisors on both the day and night shifts.

Policy further states that staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operational functions of the facility. There were 2 formal interviews conducted with intermediate or higher level staff. This interview affirmed that staff are making unannounced rounds and documenting these rounds. In addition, during 12 random formal interviews and discussions with staff, who were asked about the policy on the unannounced rounds, the staff stated that supervisors conduct unannounced tours of their housing units and then document them in the log book. This was demonstrated by a Logbook review.

Per memorandum authored by the Roswell Correctional Center Warden, dated April 19, 2018, the institution has had no deviations from the 2017/18 Staffing Plan during this auditing period.

During the on-site tours, the audit team noticed several solid, keyless lockable doors that were designated for offender use (restrooms, storage rooms, offender work equipment rooms...) that caused blind spots due to their configuration and product placement. The auditor also saw a housing unit that had a half wall down the middle of the offender sleeping area. This created blind spots for offenders and staff.

During our time spent on-site, the institution mitigated all issues utilizing keyed, deadbolt type locks, removing doors, removing locks and the placement of mirrors. The staff's around the clock hard work and critical thinking brings the institution into compliance with this portion of the Standard.

Also during the Pre-audit and on-site review, there was confusion on the 2017/18 Staffing Plan. It was difficult to see who covered what areas, when staff were assigned to the areas and how many staff actually worked in an area.

On May 19, 2018, the updated 2018 Staffing Plan was emailed to the auditor and reviewed. This format makes the information very readable and easy to understand where staff are within the institution during both major shifts and various other reportable times. The 2018 Staffing Plan meeting, held and documented on April 19, 2018, gave all need information and is well prepared for the next annual update.

This Staffing Plan brings the remainder of the Standard into compliance.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Warden
  - PREA Compliance Manager

Per memorandum, authored by the Agency PREA Coordinator, dated January 15, 2018, stated that the New Mexico Corrections Department, to include the Roswell Correctional Center, do not housed youthful offenders.

During the interview with the Warden, he stated that the Roswell Correctional center does not house offenders under the age of 18 years old.

Per memorandum, authored by the Roswell Correctional Center's PREA Compliance Manager, dated January 15, 2018, stated that the Roswell Correctional Center, does not house youthful inmates.

During document review, the Roswell Correctional Center's All Ages report indicated the ages of all offenders currently in their custody. Upon review, no offenders were listed as under 18 years of age.

During on-site tours, document reviews and interviews, the audit team found that the Roswell Correctional Center does not housed any offenders under the age of 18 years old.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.15 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No (Male offender institution)

**115.15 (d)**

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

**115.15 (e)**

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

**115.15 (f)**

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Staff Roster
- Offender Roster
- Interviews with the following:
  - Random Staff
  - Random Offenders
  - LGBTI Offender (Bi-Sexual)
- Observations of announcements being made by staff during our on-site review rounds

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 130301, Search Policy, updated on May 31, 2017, was reviewed.

Corrections Department policy 150800, Transgender Inmates, updated on September 11, 2017, which is to provide guidelines for the New Mexico Corrections Department to follow in an effort to meet federal statutes and regulations, New Mexico State Statutes, American Correctional Association (ACA) Standards, Prison Rape Elimination Act (PREA) and other statutes, standards, regulations, guidelines, directives or requirements that:

- Facilitate the elimination of discriminations against; and/or
- Address the appropriate safety, housing and communication with and of; and/or
- Provide for the safety, security and other needs of transgender and gender non-conforming inmates.
- Ensure the safety and well-being of offenders to the extent reasonably possible and protect offenders from abuse and sexual misconduct while under correctional supervision, was reviewed.



Policy states that staff members of the opposite sex of the inmate population in their facility must announce their presence when entering an inmate housing unit. These announcements must be logged into the housing unit daily log for that unit.

Policy also states that transgender and intersex inmates shall not be searched or examined by non-medical staff for the sole purpose of determining the inmate's genital status. Genital status shall be determined by interviews or medical records reviews. Also, policy states that all staff, custody and non-custody, will be trained prior to working with the inmate population and annually during annual refresher classes at their respective facility on: how to communicate effectively with LGBTI inmates/offenders and how to properly conduct pat-downs and strip searches of Transgender and Intersex inmates/offenders.

These procedures are taught in the In-Service Training Corrections 101 Lesson Plan and the PowerPoint.

The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months. During the interviews with the Warden and the PREA Compliance Manager, there were no incidents of cross gender strip searches in the past 12 months.

Of the approximately 24 formal offender, all offenders reported that they were able to toilet, shower and change clothes outside the view without staff of the opposite gender viewing them. The offenders explained areas such as doors on the toilet area and curtains covering the shower areas. The offenders reported hearing opposite gender staff announce their presence when entering the housing unit.

There was 12 formal staff questioned about cross gender search practices. All staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility. All staff interviewed reported that opposite gender staff announcements are made when entering the housing units. Further, staff indicated that Cross Gender search techniques are taught in training but not staff member had performed a cross gender search that they could remember, during this audit period.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP)? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Rosters
- Interviews with the following:
  - Secretary
  - Random Staff
  - Disabled Offenders
  - Limited English Proficient Offenders
- Observations of PREA posters during our on-site review rounds
- The contract with Language Line Solutions, based out of New Mexico, was reviewed.

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Policy states that Inmates with disabilities and inmates who are limited English proficient shall have access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Additionally, it states that the use of inmate interpreters to assist disabled or limited English proficient inmates in participating in efforts to prevent, detect, and respond to sexual abuse and sexual harassment, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responders, or investigation of the inmate's allegations, is prohibited.

Written documents, to include the PREA brochures and posters are provided in English and Spanish to the offender population. During the tour, it was noted that PREA posters and Victim Advocate memorandums were prominently displayed in areas in both English and Spanish. Additionally, the telephone numbers to a Victim Advocate and to a New Mexico Corrections Department reporting line, are painted on the walls near every offender accessible telephone. The information provided is that the calls would be unrecorded, unmonitored and free of charge. This information is painted in both English and Spanish languages.

During discussion with the PREA Compliance Manager, she shared that brochures are available in braille, for offenders who are able to read braille. Roswell Correctional center currently does not have any offenders that require braille items. The PREA Compliance Manager stated the offender handbook is also provided in English and Spanish.

Language Line Solutions, from Centurion of New Mexico, is available to provide interpreter services for any non-English proficient offenders. The Language Line is an interpreter service system that allows staff, on behalf of the offenders, to quickly select and be connected to an interpreter.

Offenders that cannot or have difficulty communicating in English, with any staff, are escorted to a custody office where a staff member can call the Language Line and asked to speak to an interpreter, in the language the offender requires. The Language Line has interpreters for approximately 240 language and are available 24 hours a day, 7 days a week. It was discovered during interviews that the use of this system was not very frequent due to the current mission of the institution and current offender population.

During the 12 random staff that were interviewed, all recalled the process of utilizing the Language Line for interpreter services. All interviewee's indicated they would first try to find a staff member to provide translation and, if they could not, they would then contact a supervisor. The Supervisory staff interviewed were all aware to the posting that included the phone numbers and the interpreter access process. The Language Line Solutions posters were seen in all supervisory offices.

While interviewing intake staff, they explained the process of how they read the PREA policy, and other pertinent information, to offenders who are vision impaired or unable to read English. Information learned from these interviews indicate these times are very limited due to the current mission of the institution.

An offender that was Limited English Proficient (Spanish) was interviewed and stated that he was able to understand most information given to him in English, however, when he does receive information he can't understand, he asked other offenders or the staff. He also stated he has a copy of the PREA information and other Corrections information, including the Offender handbook, written in the Spanish language.

He understands that there are staff interpreters or they can use a phone line but hasn't need them since he arrived at Roswell Correctional center a year and a half ago. The process was very smooth and achieved its goal.

During the tour of the facility, English and Spanish versions of the PREA posters were posted in each housing unit and work area.

All staff interviewed indicated that offender assistance as interpreters would not be used when responding to a PREA allegation as this would be deemed confidential.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.17: Hiring and promotion decisions

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Pre-Employment Questionnaire for new applicants
- Interviews with the following:
  - Administrative (Human Resources) Staff
- Personnel files for current employees, new employees and employees receiving promotions.

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed. Section A, under policy states the New Mexico Corrections Department has a "zero tolerance" policy regarding abuse, sexual misconduct and sexual harassment directed towards offenders.

Corrections Department policy 030200, Recruitment, Selection, and Hire of Correctional Officers, Correctional Officer Specialists and Probation and Parole Officers, updated October 19, 2016, which establishes criteria, procedures and responsibilities for recruitment, selection and hiring, was reviewed.

Section E of the above listed policy states In accordance with state and federal statutes, a criminal record check shall be conducted on all new employees, contract personnel, interns, and volunteers prior to assuming their duties to identify whether there are criminal convictions that have a specific relationship to job performance or delivery of services.

Corrections Department policy 060200, Citizen Involvement and Volunteers, updated June 7, 2017, which states that a criminal background check shall be conducted by the New Mexico Corrections Department Coordinator of Faith-Based Services & Volunteer Programs on all volunteers who have direct, unsupervised contact with inmates, was reviewed.

The number of persons hired over the past 12 months who may have contact with offenders who have had criminal records checks was reported as 12.

Of the 10 personnel files reviewed by the audit team, all, were up to date with the current questions and documentation. The thoroughness of this form captures all PREA related information required.

During the interview with the Warden, he explained, that in the event that a contractor is no longer allowed on grounds or access to offenders due to violation of sexual abuse policy, their name is placed on a statewide 'Do Not Allow' list. This list is reviewed when completing security clearances for new contractors or employees and placed at the front security entrances at each institution concerned.

Personnel documentation was reviewed, and showed that the three questions, containing all information required, are being asked on state applications and on the pre-interview questionnaires for staff. Backgrounds checks on custody and non-custody staff are maintained on site. Both were reviewed by audit team members. Personnel file reviews are required prior to making hiring decisions.

During the interview with the Supervisor of Human Resources, she stated the facility performs criminal record background checks, on all employees every 3 years, per policy, through the National Crime Information Center, and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions.

Policy imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. It mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination and requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The facility responds to requests from other institutions to allow access to the entire personnel file and status of ongoing and incomplete investigations.

Copies of completed Background Information Request forms for Promotion, for transfer and for new hires was provided for review.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse?



(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Coordinator
  - PREA Compliance Manager
- Observations of physical plant during our on-site review rounds

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed. Page 7 and 8, states 'When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect the inmates from sexual abuse. When installing or updating video monitoring system, electronic surveillance system or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.'

During an interview with the Warden, he told the auditor that the Roswell Correctional Center reviews all previous PREA reports and considers identified blind spots, offender movement or staffing issues in determining the placement of cameras. The Warden also stated that the Roswell Correctional Center has not had any upgrades to buildings or technology since the last audit.



During interviews with the PREA Coordinator, she stated that when any projects where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations within any facility.

The PREA Compliance Manager indicated there have been no recent modifications/additions to the video monitoring system, however, there are cameras, which are monitored in Central Control, in every housing unit and in numerous locations throughout the institution.

The video process was viewed during the on-site review and the PREA Compliance Manager explained that the placement and camera angles covers all areas on institutional grounds and takes into further consideration, areas that PREA incidents were alleged to have occurred. Monitors were reviewed in Control to see all housing units and various locations throughout the institution.

**Corrective Action:** No corrective action was required for this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes   ☐ No   ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes   ☐ No   ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes   ☐ No   ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes   ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes   ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No (Memorandum of Understanding)

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.*

*This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Centers completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Roster
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Required SAFE/SANE staff from Eastern New Mexico Medical Center, to include their MOU.
  - Required Victim Advocate staff from the La Pinion Rape Crisis Center, to include their MOU.
  - Offenders that reported Sexual Abuse

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

It further states that Medical, Mental Health, and Investigative Staff must take the training class for their respective specialized areas concerning PREA. The agency will maintain documentation that these specialized staff members have been trained.

The agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. Policy provide uniform evidence protocol for sexual abuse.

In policy, there is specific language for staff to separate victim and perpetrator and to ensure both do not destroy evidence, secure the scene and either secure or obtain usable physical evidence

Investigative staff are trained in the collection and preservation of evidence, according to jurisdictional policy, which might include:

- Offenders' clothing and underwear and foreign material dislodged from clothing;
- Bedding or other items identified by the offender; and
- Foreign materials on offenders' bodies which might be lost during transport, including blood or body fluids, fibers, loose hairs, vegetation, or soil/debris.

Policy also indicates that when SAFEs or SANEs are not available, a qualified medical practitioner performs the forensic medical examination. The SAFE/SANE contract indicated they have someone available 24 hours per day/ 7 days per week to conduct forensic exams.

During the interview with the PREA Compliance Manager she verified that the role of the Victim Advocate is provided by La Pinon from the New Mexico Coalition of Sexual Assault Programs Inc. and provided the current Memorandum of Understanding, dated April 14, 2017.

Additionally, the PREA Compliance Manager verified that the role of Sexual Assault Nurse Examiner is located at the Eastern New Mexico Medical Center, in Roswell, New Mexico, and provided the current Memorandum of Understanding, dated April 14, 2017.

During formal Interviews with 12 random staff, when asked about their actions, when notified of a sexual assault, they indicated they would separate the victim and subject (if known). Staff would quickly assess the need for medical or Mental Health assistance. Then staff would contact their supervisor, initiate evidence protocols by closing off the crime scene area to limit who had access.

Further, staff would make sure all available evidence was collected and the offender was offered a SANE exam, if warranted. Staff indicated that investigators from the Inspector General's Investigative Staff, in most cases, handles this process.

Based on discussions with staff and a review of the policy, the agency offers all offenders who experience sexual abuse access to a forensic medical examination at no financial cost to the victim, where evidentiary or medically appropriate. Exams are performed by SAFEs or SANEs where possible and the facility documents efforts to provide SANEs or SAFEs.

Through a telephonic interview with a SANE staff member, the auditor was informed that services are provided 24 hours a day 7 days a week. When services are requested by telephone, the SAFE/SANE staff's maximum response time is one hour from the time of notification.

These services are provided at the Eastern New Mexico Medical Center, in Roswell, New Mexico by ANE/SAFE staff. In the event of life threatening injuries, the emergency room physician may perform the services.

If requested by the victim, a victim advocate provides assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

According to the Pre-Audit Questionnaire, interviews with all involved in the process and document reviews, over the past 12 months, no forensic medical exam had been requested or conducted.

In talking with the SANE staff and Victim Advocate staff, both are very knowledgeable of PREA Standards and have good communications with the institutions they serve.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for **all** allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for **all** allegations of sexual harassment? ☒ Yes ☐ No

### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Secretary
  - Investigative Staff

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 031800, Office of Professional Standards, Personnel Investigations, Staff Misconduct Reporting, updated February 23, 2015, which outlines the uniform guidelines to ensure that allegations of personnel misconduct are investigated, was reviewed. This policy covers the process and conduct all administrative and criminal investigations.

Further, this policy states, when, during the course of an investigation, the Investigation Officer becomes aware that the facts discovered indicate a violation of criminal law, it is immediately reported to the Bureau Chief of Office of Professional Standards. The Bureau Chief will consult with the General Counsel to determine if it is a violation of state or federal law. If so, law enforcement are notified.

All non-confidential policies are on the agencies public website.

Policy indicates that inmate(s) who are a witness to or the victim of abuse or sexual misconduct, humiliation, personal injury, disease, property damage, harassment or punitive interference with the daily functions are encouraged to immediately report the incident by:

- Reporting the incident to any staff member or employee, correctional officer, contract staff or volunteer.
- Filing a grievance. Emergency Grievances are reviewed immediately.
- Placing a note or memo in any drop box located throughout the facility for classification, medical or mental health staff and/or even mail boxes (please be as specific as possible when submitting information in writing).
- Providing the information either verbally or in writing by any means and to any person with whom the inmate is comfortable making the report.
- Sending the information directly to the Secretary, the Office of Professional Standards, Wardens, Shift Commanders, or District Supervisors and /or Region Managers in the case of probation and parole.

All such reports shall be handled in a confidential manner.

Policy also indicates that allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All such referrals will be documented.

All investigations shall be conducted by either the facility's Internal Investigator or staff from the Inspector General's office, located at in Santa Fe, New Mexico. It further requires that all allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment, or are no longer under the Departments authority. The facility documents all allegations on a Sexual Incident Report.

Per memorandum, authored by D. Romero, New Mexico State Police, Training and Recruiting, dated February 27, 2017, states that all New Mexico State Police employees have trained peace officer staff that have the certified authority to conduct sexual abuse/sexual harassment investigations.

During the interview with the Warden, he stated that all allegations of sexual abuse and sexual harassment are takes seriously. He insures that every allegation received is investigated completely.

During the interview with the Secretary, he stated that the agency, through the PREA Coordinator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

During interviews with Investigative staff, they stated that the agency has authority to conduct criminal investigations. Criminal cases are referred to the New Mexico State Police, when deemed necessary. Also, they stated that all allegations are documented on a Sexual Incident Report and are referred to them for investigation.

**Corrective Action:** No corrective action was required for this standard.

# TRAINING AND EDUCATION

## Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No



- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Random Staff
  - In-Service Training Records
- Training curriculum, both hard copy/electronic
- Training verification Logs
- Employee training records

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

New hire lesson plans, Corrections 101 Training Plans, the PREA PowerPoint Presentation, the PREA Presentation Guide sheets, Training Acknowledgement Forms (custody and non-custody) and Training Records, were all reviewed. Copies of blank and completed sheets were provided to the auditors.

Policy states that all staff, contract personnel and volunteers shall be considered mandatory reporters and have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment or sexual contact that takes place within any New Mexico Corrections Department facility.

Two phases of institutional PREA training is provided. Initial training is provided during orientation and additional facility specific training is provided later through on-the-job training.



Through 12 formal random staff interviews, the auditors learned that all 12 staff had either received formal training and the refresher On-the-job training on PREA within the last 24 months. The training included prevention, detection, reporting and response.

The formal training covers the following that each staff member will;

- Know the nine goals of the Prison Rape Elimination Act.
- Know the number of PREA standards.
- Correctly define the terms *sexual abuse*, *sexual contact*, and *harassment*.
- Correctly identify the 3 attitudes towards prison rape and facts connected with those attitudes.
- Correctly identify the red flags that identify possible rape victims.
- Correctly identify the five phases of sexual assault.
- Correctly identify five rape prevention strategies.
- Correctly identify the five processes by which an inmate can report a sexual assault.
- Correctly identify their rights when under investigation.
- Correctly explain the importance of preserving evidence.
- Have an overview of the forensic interviewing process.
- Pass a test on PREA with a score of 75% or higher.

During staff interviews, they stated they had received the training and signed an acknowledgement form stating they understood the content. Staff also indicated they had been provided with written information.

During the on-site visit, 10 training record reviews were conducted and it was determined that the 10 staff, to include custody, non-custody, contract and volunteers, had received and are current in the mandatory PREA training by the conclusion of our post-audit.

PREA training requirements mandate attendance at the required training, is documented, through employee signature that they understand the training they have received.

13 copies of employee, Employees Acknowledgement of Training, forms, that were reviewed, indicated they were signed and dated, by the employee, that they understood the documents they had received.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.32: Volunteer and contractor training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Volunteers
  - Contractors
- Training curriculum, both hard copy/electronic.
- Training verification Logs
- Volunteers and Contractor training records

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

New Hire lesson plans, Corrections 101 Training Plans, the PREA PowerPoint Presentation, the PREA Presentation Guide sheets, Training Acknowledgement Forms (custody and non-custody), 24-page Volunteer and Contractor Training Plan and Training Records, were all reviewed.

Copies of completed training and acknowledgement sheets were provided to the auditors.

Policy states that all staff, contract personnel and volunteers shall be considered mandatory reporters and have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment or sexual contact that takes place within any New Mexico Corrections Department facility.

Additionally, policy states that sexual conduct between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. Licensed professionals engaging in sexual conduct with inmates will be reported to any relevant licensing body.

Policy further states that prior to contact with any inmate, any employee, volunteer and/or contractor will have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under PREA.

The facility has up to 60 volunteers and contractors currently authorized to enter the facility. Most of these are religious-based. The policy further mandates the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. The volunteers and contractors have been notified, through documented training, of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During the site visit, 2 volunteers and 2 contractors were interviewed and their training records were checked. All training records reviewed consistently showed that the training had been provided previously and during the last 12-month period. The facility has a good process in place to ensure contractors and volunteers receive PREA training.

During the interviews with various contractors and volunteers, auditors were told that volunteers and contractors are provided PREA training annually through a 24-slide PowerPoint and handout materials. All of the individuals who were interviewed were able to explain to the auditor the components of the training and the requirement to report immediately, should they be made aware of an incident. Verification of this training being received is recorded via completion of the PREA Acknowledgement of form with signature and the day of training's date. This form indicates the information was provided and the employee, volunteer or contractor understood it.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
☒ Yes ☐ No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are Limited English Proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  
☒ Yes ☐ No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Intake staff
  - Random Offenders
- Facility Orientation Booklet
- Facility PREA Brochure
- On-site review of physical plant, PREA poster locations, educational material within housing units, common areas, education areas and work/recreation stations.
- The Offender Handbook, the Offender Orientation packet, PREA Offender Orientation Checklist, and PREA posters were reviewed by the audit team. The audit team reviewed written materials in English and Spanish.

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Per policy, all new intakes shall receive written orientation materials and/or translations in their own language. When a literacy problem exists, a staff member assists the inmate in understanding the material. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility. Completion of orientation is documented on the Orientation Verification form signed and dated by the inmate. There shall be a program for inmates during the reception period. Except in unusual circumstances, an inmate's initial reception and orientation shall be completed within thirty (30) calendar days after admission. Inmates transferred from one institution to another shall receive an orientation that is conducive to the new institution and completed within one (1) week of admission to the new institution.

During orientation all inmates shall be provided information about sexual abuse or assault including:

- Prevention and intervention,
- Self-protection,
- Reporting sexual abuse or assault, and
- Treatment and counseling.

During interviews with Intake staff, they shared that offenders are provided with orientation upon arrival at their institution. Offenders sign an acknowledgement form which is maintained in the offender's file. The orientation is generally provided on the same day as the offender arrives, or in rare cases, the following day.

During the 24 formal interviews, all of the offenders remembered receiving some type of written materials (Offender handbook and brochure) when they arrived at the institution. A majority of offenders interviewed that had been at the facility for more than 12 months indicated that they saw a video and had seen information in the offender handbook. All of the inmate formally interviewed remembered the information provided.

Of the offenders who recalled receiving information (verbally, by video or in writing), most of them indicated it was the same day, but 3 stated it may have been early the second day.

The offenders were asked to explain what they were trained on and we received the following general responses: to be free from abuse, what phone numbers to use in case of incident, where the numbers and address were located, what was/was not confidential.

Staff working and in charge of the Intake Process indicated that the Orientation Booklet that each offender receives upon entrance to the Roswell Correctional Center in a 36-page booklet, entitled PREA Resource Guide for Inmates.

This booklet includes definitions, laws, prevention steps, Victim's Rights, Reporting and the Investigating process. The booklet also contains, contact telephone numbers and addresses, health and evidence concerns and the entire PREA process. Finally, the booklet gives contact information to Just Detention International and the local Victim Advocate. This booklet is written in English and Spanish. Staff can also read the booklet to offenders in need of such assistance.

The facility maintains documentation of offender participation in PREA education sessions. Documentation is made via their signature on the Roswell Correctional Center's Intake PREA Acknowledgement Form which is maintained in the offender file.

The auditing team was walked-through the Intake process to include the objective Screening Tool that is competed for each individual offender that comes into the Roswell Correctional Center. The staff members in charge of the orientation process showed us the 3 minute initial intake video, the 30 minute follow-up Orientation Video and shared information about each area of the Intake process. Afterwards, we reviewed 10 offender files that showed the date the offender had received the required information with a signed receipt indicating their name and New Mexico Corrections Department number, by the 3 minute video, the 30 minute comprehensive video and the 30 day reassessment meeting notation.

During the site visit, the team observed posters available for viewing around the institution in housing units and other areas. There are slides about PREA being run continually on the offender television system, however that was used as additional information as some offenders do not possess televisions.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.34: Specialized training: Investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Investigative Services staff
- Training curriculum
- Training verification certificates for investigators

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Investigating Sexual Assaults in a Correctional Setting, is a 26-slide PowerPoint presentation that all investigators are given during their advanced training. This training contains the following information:

- Four Factors in Sexual Assault Investigations in Correctional Settings.
- Inmate Related Issues on Investigating Sexual Violence.
- Staff Barriers to Investigation.
- Investigations of Staff Sexual Misconduct.



- Additional Issues.
- Outside Factors.
- Investigator Skills and Knowledge.

Additionally, each investigator is trained using the Investigating Sexual Assaults in a Correctional Setting lesson plan. This lesson plan is an 80-page training booklet, last updated in January 2015. Within this booklet, there is a 20 question test that must be passed and 20 pages of notes that encompass the entire lesson plan for Investigators future use.

All 5 of the Roswell Facility investigators and 9 of the agency investigators from Inspector General's Investigative staff receive the above listed specialized training specific to conducting sexual abuse investigations in confinement settings.

Through documentation reviews, all 14 investigator training certificates were provided which demonstrate completion of PREA Standards Specialized Training.

As stated prior, all New Mexico State Police Officers have received the Specialized Sexual Assault Training.

Investigative staff interviews confirmed knowledge and receipt of specialized training in all areas required per this provision during continual training and the investigators academy/training.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.35: Specialized training: Medical and Mental Health care

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA



### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
☒ Yes ☐ No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Medical staff
  - Mental Health staff
- Training curriculum

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Forensic Medical Examinations Training for Correctional Medical and Mental Health Staff, is a 4-hour, 44-page booklet/lesson plan that is given during Medical and Mental Health advanced staff training. This training contains the following information:

- Detecting and assessing signs of sexual abuse.
- Collecting evidence in sexual abuse investigations.
- Preserving evidence in sexual abuse investigations.
- The examination process
- Responding effectively and professionally to victims of sexual abuse.
- Reporting sexual abuse.

Staff are also shown the Forensic Medical Examinations Training for Correctional Medical and Mental Health Staff, 15-slide PowerPoint presentation which contains the following information that the participants will:

- Correctly identify the five phases of sexual assault.
- Correctly identify red flags that indicate a possible sexual assault victim.
- Correctly identify how to collect evidence in sexual abuse cases.
- Correctly identify the four steps in preserving evidence.
- Know how to respond effectively and professionally to sexual assault disclosures.
- Correctly identify how to report a sexual assault.

The Roswell Correctional Center facility employs 6 medical staff, 2 dental part-time staff and 1 part-time optometrist who work regularly at the facility. 100% of files reviewed indicated they have received the general training.

Policy states that all Medical and Mental Health Care practitioners receive general PREA training mandated for all employees, volunteers & contractors as identified in policy and outlined in PREA standards, depending upon the practitioner's status in the agency.

During the on-site visit, audit team members reviewed and verified attendance at PREA training through the facility's training records. Documentation is maintained that medical and mental health practitioners have received the general PREA training and the specialized training referenced in standard 115.35 from the agency. Acknowledgement of Receipt of Training and Brochures forms are completed for general training. Additional documentation was provided to the auditors during the pre-audit dated to indicate participation in specialized PREA training.

All Medical and Mental Health staff interviewed at the Roswell Correctional Center indicated they have received the generalized PREA training as per policy. This training is provided by the Roswell Correctional Center's In-Service Training Department.

All 6 of the Roswell Correctional Center medical staff indicated during interviews that they had received the generalized training but also the PREA Specialized 4-hour training. During document reviews, the auditors were provided with all 6 PREA Specialized Training certificates.

Through discussions with supervisory personnel, it was clear that all medical staff are prohibited, by policy, from performing forensic examinations on sexual abuse victims.

The Roswell Correctional Center utilizes the Eastern New Mexico Medical Center, in Roswell, New Mexico for all forensic exams. The auditor interviewed the SAFE/SANE Nurse via telephone and she confirmed the hospital's responsibility to conduct such exams.

She also confirmed that they have constant communications with the institution but has not had the need of their services in the past 12 months.

**Corrective Action:** No corrective action was required for this standard.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

**115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

**115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☒ No

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible to screen for risk of victimization
  - Random Offenders
  - PREA Coordinator
  - PREA Compliance Manager
- Offender electronic files
- Risk Screening tool: Electronic
- Mental Health Referral forms

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, a random sample of intake records, and a random sample of the PREA Risk Assessment tool, were reviewed by the audit team.

Policy states that inmates shall be screened within 48 hours of arrival at the facility and reassessed 25 days after the inmate's arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Inmates will be reassessed thereafter due to a referral, request, incident of sexual abuse or sexual harassment, or receipt of additional information that bears upon an inmate's risk of sexual victimization or abusiveness. Housing and program assignments will be made accordingly. Transgender and Intersex inmates shall be screened every six months. In the event of an incident, both the inmate perpetrator and/or inmate victim will be re-screened.

The Roswell Correctional Center's Intake Screening Process instrument considers the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate
- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;

- Whether the inmate has prior convictions for sex offences against adults or children;
- Whether is or perceived gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
- The inmates own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

Policy indicates that offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during assessment. Policy also requires that within a set time period, not to exceed 30 days from the offenders' arrival at the facility, the facility will reassess the offenders' risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening.

Of the 24 formal offenders interviewed, all indicated they had been asked questions about sexual abuse when they arrived at this institution. Of the offenders which remembered participating in an intake screening, all indicated that it occurred either on the day they arrived or the next day. 14 of those offenders interviewed indicated had been housed at the Roswell Correctional Center for more than 12 months.

Auditors interviewed intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt manner. Auditors also interviewed screening staff regarding this process. They verified that the screening/assessment was generally completed within 24 hours of the offender's arrival and that the risk screening is completed utilizing a standardized PREA Intake/Transfer Assessment Tool. Intake staff also indicated that all offenders are reassessed within 30 days of arrival at their facility based on criteria outlined in standard provision. The assessments are done every 6 months for every offender, thereafter.

Offenders are provided with the Offender Orientation handbook, as well as, a 2-sided brochure which outlines the New Mexico Corrections Department PREA policy.

Classification staff reviews the offender's history and flags, then assigns the offender housing. The case worker or case manager screen the offender and provides then PREA education. During their interview with the offender, the staff goes over the intake packet and the offender's conduct report looking at their prior criminal history. They discuss programs available and again tell the offender how to report abuse.

During the site visit, auditors observed the entire actual intake process. The screening/assessment process is completed as part of an overall intake assessment and the standardized PREA Intake Assessment Tool was being used. 10 offender file hard copies or electronic versions of the Intake and Screening records were also reviewed by the audit team to demonstrate accurate process of this screening practice. It was noted that PREA Intake Assessment Tool forms were present in the offender files that were reviewed.

During the pre-audit and on-site document review of the offender files, it was difficult to find certain documentation as the file information was not all in the same order, however, all required information was eventually found to satisfy this Standard.

The PREA Coordinator has contacted with the Records Staff at the Central Office of the New Mexico Corrections Department to implement a directive on form placement for ease of finding needed information.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.42: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

**115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

**115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

**115.42 (d)**

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

**115.42 (e)**

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No



#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible for Risk of Victimization
  - PREA Coordinator
  - LGBTI Offender
  - PREA Compliance Manager
- Offender electronic file
- Risk Screening tool: Electronic form
- Mental Health Referral form



Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, a random sample of intake records, and a random sample of the PREA Risk Assessment tool, were reviewed by the audit team.

Corrections Department policy 080100, Institutional Classification, Inmate Risk Assessment and Central Office Classification, updated on November 23, 2016, which provides guidelines for institutional security levels and inmate custody level assignments. It also provides criteria to assigned Classification staff for objective risk management and assessment. Further, it ensures that a management information system is maintained within the New Mexico Corrections Department for all persons committed to its care in which all major decisions, pertinent background and events are recorded, and sets standards and consistency in the methods by which the NMCD identifies inmates' custody, programming and special needs, were reviewed.

Policy states that Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25 days after the inmate's arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Inmates will be reassessed thereafter due to a referral, request, incident of sexual abuse or sexual harassment, or receipt of additional information that bears upon an inmate's risk of sexual victimization or abusiveness. Housing and program assignments will be made accordingly. Transgender and Intersex inmates shall be screened every six months. In the event of an incident, both the inmate perpetrator and/or inmate victim will be re-screened.

The Roswell Correctional Center is not subject to a consent decree, legal settlement, or legal judgement for protecting LGBTI inmates, and does not place those inmates in dedicated facilities, units, or wings solely based on such identification. The shower configuration of the Roswell Correctional center provides for separate showers without any other accommodation, as all are single showers except in the G-Unit as it is an open bay shower area with curtains for opposite gender viewing mitigation. If a transgender intersex inmate were to be housed at the Roswell Correctional Center facility, the facility would allow showers to be permitted during count times. The privacy barriers in the shower would prevent opposite gender viewing of a transgender male inmate. Throughout the facility, auditors saw that each shower stall had a shower door or curtain and each toilet had a door.

Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments. The Roswell Correctional Center reassesses all offenders twice a year.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into serious consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders. Housing units have bathrooms in the cells with individual shower stalls/curtains on the main tier.

Staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to.

In reviewing the housing assignments for LGBTI offenders, it was noted by the audit team that they are not housed in any specific area. LGBTI offenders are housed in various units within the facility. Through interviews with self-identified gay offenders, the audit team confirmed that gay offenders have never been put in a housing area designated only for gay offenders. During the interviews, the offenders stated they knew about the PREA process as it is posted in various parts of the housing units and work areas. They spoke about the numbers posted by the telephones and informed us that staff are very approachable when it comes to any issues. The offenders stated they feel safe among the other offenders and don't feel 'singled out' due to the sexual orientation.

The Roswell Correctional Center had no transgender or intersex inmate during this audit.

During the pre-audit and on-site review, after seeing and completing a document review of the entire Intake Screening process, it was unclear that the information received during that screening (high likelihood for victimization, high risk of being a perpetrator...) was able to be shared with security and classification staff that controlled housing and program needs.

The institution created an additional 'Shared Folder' on a designated electronic drive that can now be accessible to staff with a need-to-know this information. Staff such as Classification Supervisors, Caseworkers, Security Supervisors and the Lieutenant in charge of housing changes, now all have access to the Intake Screening Information. There is a Tracking Log to indicate who has access the information and why. Training was also given and documented to every staff member in all of the listed categories. On May 19, 2018, the auditor was sent the completed sign-in sheets and Lesson Plan.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.43: Protective Custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  
☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population every 30 days? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 150102, Coordinated Response to Sexual Assault, updated on August 1, 2017, which outlines the timeframes and process that occur right after a Sexual Assault incident.

Corrections Department policy 141100, Protective Custody Policy, updated December 28, 2016, which establishes guidelines on managing inmates who request protective custody, along with Form CD-141101.1, Enemy Update Information, was reviewed.

Corrections Department policy 141500, Restrictive Housing, updated December 29, 2016, which establishes guidelines to differentiate Restrictive Housing from Special Management, was reviewed.

The team also reviewed the intake screening process as indicated in Standard 115.41 & 115.42.

Policy states that offenders at High Risk for victimization shall not be placed in involuntary segregated housing unless an assessment of all alternatives has been made, and a determination has been made that there are no available alternative means of segregation of likely abuser.

Policy also states that if an offender needs to be placed in Restrictive Housing, then the;

- Inmates will not be placed in Restrictive housing for disc/PHD reasons for more than 30 days, per incident
- Inmates placed in temporary Restrictive Housing for the purposes of transfer to another facility will be moved as soon as possible.
- Inmates placed in temporary Restrictive Housing for the purposes of placement in Special Management Program require the investigation be completed within 5 days and forwarded to the Special Management Coordinator.
- Restrictive housing is a temporary placement, *not* a long term program.
- All restrictive housing inmates will require review within 72 hours.

The placement of inmates determined to be at high risk of sexual victimization into Special Management shall cite the basis for the facility's concern for the inmate's safety and the reason why no alternative placements are appropriate consistent with New Mexico Corrections Department Special Management policies. Inmates shall not be disciplined for refusing to participate in the screening process.

In practice, if an offender is placed in segregated housing, any limitations will be documented on the offender record maintained in the housing unit. Offenders assigned in segregated housing are not allowed to have a work assignment.

Over the past 12 months there have been no offenders who were identified to be at risk of sexual victimization, held in involuntary segregation.

During the interview with the Warden, he confirmed that Roswell Correctional Center does not place offenders who are at high risk of sexual victimization in segregated housing unless all other alternatives have been eliminated. The Warden also noted that, due to the current mission, Roswell Correctional Center does not have Administrative Segregation housing. If a need for Administrative Segregated housing were needed, the offender would need to be transferred to another institution.

The Warden did explain that the institution has different housing units running different programs that offer options when housing offenders that have victimization concerns. But, if alternate housing is not identified, the offender may need to be transferred.

No staff who supervises offenders in segregated housing at the Roswell Correctional Center were interviewed as The Roswell Correctional Center does not have an Administrative Segregation housing unit.

During the tour, it was noted that there were no offenders currently housed in any type of segregated housing due to PREA related victim concerns.

**Corrective Action:** No corrective action was required for this standard.

# REPORTING

## Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Random Offenders
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

Corrections Department policy 150100 and addendum CD-150101, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, the Orientation Handout and PREA brochure handout, was reviewed.

Corrections Department policy 150102, Coordinated Response to Sexual Assault, updated on August 1, 2017, which outlines the timeframes and process that occur right after a Sexual Assault incident.

Policy states that Inmates shall be protected from sexual misconduct, personal abuse, corporal or unusual punishment, humiliation, mental abuse, personal injury, disease, property damage, harassment or punitive interference with the daily functions of living, such as eating and sleeping. Shift supervisors shall make unannounced rounds in housing units to deter staff sexual abuse and sexual harassment.

Further, policy states that Inmate(s) who are a witness to or the victim of abuse or sexual misconduct, humiliation, personal injury, disease, property damage, harassment or punitive interference with the daily functions are encouraged to immediately report the incident by:

- Reporting the incident to any staff member or employee, correctional officer, contract staff or volunteer.
- Filing a grievance.
- Placing a note or memo in any drop box located throughout the facility for classification, medical or mental health staff and/or even mail boxes (please be as specific as possible when submitting information in writing).
- Providing the information either verbally or in writing by any means and to any person with whom the inmate is comfortable making the report.
- Sending the information directly to the Secretary, the Office of Professional Standards, Wardens, Shift Commanders, or District Supervisors and /or Region Managers in the case of probation and parole.

All such reports shall be handled in a confidential manner.

Policy requires the facility to provide multiple internal ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents.

Through discussion with the PREA Coordinator and records review, the New Mexico Corrections Department does not house offenders detained solely for civil immigration reasons.

Policy also requires staff to accept reports made verbally, in writing, anonymously, and from 3<sup>rd</sup> parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff to privately report sexual abuse and sexual harassment of offenders. This is accomplished through the chain of command or by contacting the Roswell Correctional Center PREA Compliance Manager directly.

During the 12 formal staff interviews, staff indicated they would accept any type of report from the offender and document on a memorandum to be forwarded to their supervisor. They shared that offenders can report several different ways including reporting to any staff, calling the number on the posters (Attorney General, Inspector General), writing letters, telling a peer and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In all cases, staff believed they could report to a supervisor, and it would be kept private.

The 24 formal offenders that were interviewed reported, that there are several ways they could report. These include telling staff, use the telephone number from the posters or paintings near the telephones, (Inspector General), victim advocates, tell family, tell staff, and put a note in the mail box. Most indicated they would just tell staff if anything were to happen.

According to the PREA Offender Handbook, which is given to every offender during intake it states the New Mexico Corrections Department offers numerous ways to report PREA, both internally and externally.

Inmate victims or witnesses can report by:

- Advising any staff member, contractor or volunteers (verbally or in writing)
- Advise Medical or Behavioral Health Staff
- Writing an Inmate Request to any staff member
- Filing a grievance
- Writing to the Statewide PREA Coordinator or any staff member at the Agency Level to include the secretary of Corrections, the office of Professional Standards, Office of the Secretary or any other staff member with whom you would feel comfortable.
- Label mail to identified staff as PREA/Confidential and this mail will be treated as Legal Mail in accordance with Mail Procedures.
- Advising a third party (family, friend, attorney) and asking them to report. They may report directly to the facility that you are housed in or by emailing: [NMCDPREAReporting@state.nm.us](mailto:NMCDPREAReporting@state.nm.us)
- Call the Statewide PREA Reporting Line at 575-523-3303.
- Write to a Third Party Reporting Agency (not a part of NMCD) at:
- PREA Reporting Office  
1250 Academy Park Loop  
Colorado Springs, Colorado 80910
- If you would like advocacy or to talk to someone from your local Rape Crisis Center, you may dial \*9999 from any inmate phone. This call is free, unmonitored and unrecorded and will not require you to enter your PIN number. These calls and all advocacy calls will be free of charge. Advocacy may be used for previous incidents of sexual assault or abuse even when not related to your incarceration with New Mexico Corrections Department.

- Each inmate Library has a PREA RESOURCE GUIDE which has additional reporting addresses, phone numbers and resources as well as advocacy groups that are available to the inmate population.

All reports of abuse shall be handled in a confidential manner.

During the tour, the audit team noted the posters and painted information for the New Mexico Department of Corrections and Rape Crisis Center contact information, providing reporting information in English and Spanish. The audit team were also given brochures that are provided to offenders. The audit team tested the numbers posted and all worked.

Noted next to every offender accessible telephone is painted information that states, PREA \*9999, No PIN required, unmonitored and unrecorded' The PREA Compliance manager confirmed this information.

On the call to the Rape Crisis Center telephone line, a person answered the call and explained the call is monitored 24 hours a day, 7 days a week.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.52: Exhaustion of administrative remedies

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.52 a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Offenders that reported Sexual Abuse
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 150500, Inmate Grievances, updated on February 28, 2017, which establish an administrative means for the expression and/or the efficient and fair resolution of legitimate inmate grievances and provide for an appeal process; to provide a regularly available channel for hearing and resolving concerns of inmates; to provide a mechanism to help keep managers informed and better able to carry out the Department's mission; and to meet national standards, was reviewed.

Policy states, it is the policy of the Department to resolve grievances at the lowest possible level. Informal resolution is used and required in the grievance process. The exception is any PREA grievances. These will not be subject to this standard and must be treated as emergency formal grievances. The Facility Grievance officer or the State wide Grievance/Disciplinary Appeals Manager has the authority to return the formal grievances to the respective Unit Manager, Chief of Security, or designated facility staff. This staff will deal with the issues at the local level (Informal complaint), if not completed in the initial request before proceeding to the formal grievance process. The exception to this is any PREA grievances will not be subject to this standard and must be treated as an Emergency Formal Grievance.

Grievances shall be processed in a timely manner. No more than 90 working days will pass from the filing of a grievance by an inmate to the appeal decision. The exception to this is a PREA grievance. A PREA grievance must be completed within ninety (90) days of submission. An extension of time may be requested to respond, of up to seventy (70) days, with documentation showing the need if the normal period for response is insufficient to make an appropriate decision.

The time period will begin when the grievance has been properly filed with the Grievance Officer. Responses will be made within fixed time limits at every level of review, as specified in *CD-150501*. In the event the grievance is not disposed of within the specified time limits, the inmate shall be deemed to have exhausted administrative remedies for that specific complaint. The grievance is not automatically granted.

Emergency grievances shall receive an expedited response at every level as appropriate to the needs of the emergency situation, but in no event will the time for response exceed three (3) working days from the time the grievance is received by the Grievance Officer. The exceptions are PREA grievances responses which will be completed within forty-eight (48) hours of receipt of the grievance.

Policy also states that many issues that can be grieved to include, but not limited to, department personnel sexual misconduct. This also includes any Prison Rape and Elimination Act, (PREA). Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the inmates. (Grievances submitted by the inmate or another individual who has knowledge of the incident.

If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (115.52) PREA Grievances may be filed on behalf of a third party in regards to an alleged victim. The alleged victim does not agree, there must be written documentation noting that concern.

According to the Roswell Correctional Center's PREA Compliance Manager, the Roswell Correctional Center had not received any PREA related grievances in the past 12 months.

After reviewing all allegations and several other random grievances, the auditors did not find any that were PREA related. The auditor obtained offender grievance forms from staff for review.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.53: Inmate access to outside confidential support services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Offenders

- Offenders who reported sexual abuse
- Head of the La Pinon Rape Crisis Center, Las Cruces, New Mexico, including MOU.
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access, to include Rape Crisis Center telephone numbers

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Also, the 12-page Roswell Correctional Center PREA Offender Handbook, both in English and Spanish, the 36-page Prison Rape Elimination Act Resource Guide for Inmates, and the Memorandum of Understanding for the Rape Crisis Center and La Pinon, for Victim Advocate services.

The New Mexico has a telephone number, \*9999, that is accessible from offender telephones that are not monitored or recorded. The telephone call is confidential.

This telephone number as well as other internal and external contact information is provided to the offender population through the Handbook, Resource Guide, PREA Pamphlet and the Business card, that each are given upon intake, that has telephone numbers and addresses.

Roswell Correctional center has many avenues with which the offender population has access to outside victim advocate services. Roswell Correctional Center has a Memorandum of Understanding with La Pinon Sexual Assault Recovery Services of Southern New Mexico. The facility maintains copies of agreements and provided copies to the auditor for review.

The audit team interviewed 24 offenders during formal interviews concerning the topic of allegations of sexual abuse or harassment.

Overall, they knew about the outside victim advocate for support services and how to contact them. The offender population explained how the information is 'all over the place' if they needed it.

The offender population explained to the auditors where the posters and painted telephone numbers were located within the facility. They shared that they had received a PREA brochure when they arrived at the institution and given one during their classification committee. The audit team observed posters in the housing units which provided contact information for the outside victim advocate.

The audit team contacted the victim advocate at the Rape Crisis Center in Las Cruces, New Mexico. Staff stated they have ongoing contact with staff at the Roswell Correctional Center and but have received PREA related calls from offenders in the past 12 months. When the call is received, it is answered by a volunteer 24 hours a day, 7 days a week.

This auditor was very impressed with how the required information is displayed and disseminated. Areas such as posters behind glass so they could not be removed, signage painted on the walls in all telephone areas, the detailed but understandable information in the brochures that are given to offenders during orientation and classification meetings, laminated PREA hotline numbers that are attached to offender identification cards, and many more. This is out-of-the box thinking and very efficient.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.54: Third-party reporting**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3rd party notification

The auditor reviewed the New Mexico Corrections Department website [NMCD-PREAREporting@state.nm.us](https://www.nmcd-preareporting@state.nm.us) and found clear information available to the public on reporting.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was also included. During the tour of the Roswell Correctional Center, the audit team observed PREA posters and PREA information posted in the visiting room.

Additionally, the PREA Compliance Manager explained that the Offender handbook and PREA Resource Guide informs the offender population of these numbers and addresses that they can shared with their family and friends.

**Corrective Action:** No corrective action was required for this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☐ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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## **Evidence Reviewed (documents interviews, site review)**

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Coordinator
  - Random staff
  - Medical staff
  - Mental Health staff
- Internal Investigative reports

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 031800, Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting, updated on February 23, 2015, which establishes uniform guidelines to ensure that allegations of personnel misconduct are investigated as appropriate while ensuring that the rights of staff and others involved are safeguarded during the process, was reviewed.

Corrections Department policy 150100, Behavioral Health Reception and Diagnosis Center (RDC) updated on November 30, 2016, which, provide Behavioral Health intake services to inmates entering or returning to the New Mexico Corrections Department (NMCD), including county jail inmates (CJ holds) and court-ordered 60-day diagnostic evaluation (D&E) inmates, and to ensure inmates with behavioral health needs receive required services, was reviewed.

In-Service Training's 57-page PowerPoint covers a large variety of PREA related issues to include, reporting responsibilities for staff.

CD-150100 states, 'It is mandatory that staff, vendors, contractors or any offenders who witness or are the subject of abuse or sexual misconduct, who witness retaliation against those who report such incidents, or who witness any staff neglect or violation of responsibilities that may have contributed to an incident, must immediately report such conduct to one or more of the following persons: The Secretary of Corrections, the Office of Professional Standards, the Warden, the Shift Supervisor, the Institutional Investigator, District Supervisor or any other employee of the NMCD. When staff or the agency believes that an inmate is at substantial risk of imminent sexual abuse or sexual harassment, it shall take immediate action to protect the inmate.'

Additionally, policy states that if an inmate reports any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in another facility, that Warden of the facility that received the information must immediately (no later than 72 hours) report it to the Warden of the facility where it is alleged to have occurred. The facility head or agency that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

CD-031801 states that all supervisors are responsible for reporting all allegations of staff misconduct or suspected staff misconduct to the applicable Disciplinary Authority.



All Disciplinary Authorities are in turn responsible for reporting all Level-1 suspected or alleged misconduct to the applicable Chief Administrative Officer(s) (CAO) and to the Office of Professional Standards (OPS) immediately. OPS will notify the appropriate NMCD Administrative Staff. In those instances when the Level-1 allegations involve serious or potentially serious criminal conduct, high-ranking NMCD staff, or may generate a high media interest, OPS shall be telephonically apprised by the Disciplinary Authority as soon as possible and ordinarily prior to submission of the written referral. In other unusual or extraordinary circumstances involving the conduct of NMCD Staff, contact with OPS shall be made. If for any reason the Disciplinary Authority is not available to the supervisor, the supervisor shall notify both the CAO and the OPS Bureau Chief of any Level-1 suspected or alleged misconduct.

Inmates, family members, volunteers and contractors may also report allegations of staff misconduct to the applicable disciplinary authority or any employee. An OPS referral form will be completed and forwarded to OPS if appropriate.

Further, policy states that a Level 1 misconduct includes, but not limited to, the following

- All sexual misconduct (staff or inmate contact).
- Sexual abuse (includes rape);
- Sexual contact;
- Use of sexually explicit language;
- Kissing;
- Embracing or inappropriate touching;
- Other physical contact of an intimate nature; and
- Any sexual activity between staff and inmates, parolees, or probationers including consensual.

Interviews with 12 formal random staff and specialized staff at all levels of this facility indicate that all PREA related allegations/reports go to the facility PREA investigators for investigation. During the random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would immediately report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know such as their supervisor and medical staff.

During interviews with medical and mental health staff, they shared their understanding of the policy and their duty to report. They also stated that they explain to the offender the limitations of confidentiality prior to the initiation of services. Further, the staff showed me the forms they use entitled, 'Rights to Confidentiality and Availability of Services' (Form CD-180201.1).

The Warden informed the audit team that the Roswell Correctional Center does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the institution would report to the appropriate agency, as required in state law. All allegations of sexual abuse or sexual harassment are reported to designated investigators at the facility.

The PREA Compliance Manager shared, and a review of offender birth dates, confirmed that the facility does not house offenders under the age of 18.

The agency provided a copy of the medical informed consent form which is provided to offenders prior to the initiation of services in accordance with the policy.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.62: Agency protection duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.62 (a)**

- When the agency learns that an inmate is subject to a substantial risk of **imminent sexual abuse**, does it take **immediate action** to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Warden
  - Random staff

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 141100, Protective Custody Policy, updated on December 28, 2016, which establishes guidelines on managing inmates who request protective custody, was reviewed.

CD-150100 states;

When staff or the agency believes that an inmate is at substantial risk of imminent sexual abuse or sexual harassment, it shall take immediate action to protect the inmate.

CD-141100 states;

- It is the policy of New Mexico Corrections Department that inmates will not be placed in any long-term segregation housing for protective custody reasons.
- Inmates with protective custody issues will only be placed in restrictive housing if all other viable alternatives have been exhausted.
- Protective custody issues will be thoroughly and properly investigated.

During the interview, the Secretary indicated that if he received such information, he would notify the facility where the offender is housed and direct the staff to take immediate action to protect the offender.

If the perpetrator is identified, they would be placed in disciplinary segregation pending completion of the investigation. The victim would only be retained in segregation only until alternate housing could be identified.

During the interview with the Warden, he stated that if he received an allegation, he would take immediate action to protect the offender. This may require that they move the offender back to a place where he would be safe until the suspect is identified and the investigation was concluded. This may require that the offender be transferred to another institution.

Also, he stated that at the time of the audit, Roswell Correctional Center has had no cases in which it learned that an offender was subject to a substantial risk of imminent abuse.

Through 12 random staff interviews, they indicated that if they received an allegation, they would immediately separate the victim and suspect, (if known) then notify their supervisor, the PREA Compliance Manager and investigations staff.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.*

*This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## **Evidence Reviewed (documents interviews, site review)**

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Warden
  - Investigative Services staff
  - PREA Compliance Manager

The Roswell Correctional Center's PREA Manual was reviewed by the audit team.

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

An April 5, 2017 addendum to CD-150100 states;

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no longer than 72 hours after receiving the allegation. The agency head shall document that it has provided such notification. The facility head or agency that receives such notification shall ensure that the allegation is investigated in accordance with the PREA standards.

All notifications shall include a copy to the Agency PREA Coordinator.

During the interview with the Secretary, he stated that if any such allegation is received, it is referred to the Investigations Department with a copy to the Agency PREA Coordinator. Contact is made with the PREA Compliance Manager and an investigator is assigned to conduct the review.

Both the Warden and the PREA Compliance Manager indicated once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation. Additionally, both interviewed stated they received updated information about notifications in April of 2017.

During the interview with 2 of the Investigators, they indicated that work closely with all other outside agencies, to include, City Police, Sheriff's Departments, State Police, the other New Mexico Corrections Department institutions and the local District Attorney's office, to name a few. Staff indicate they continually monitor each open casefile for any follow-up information needed. Investigative staff stated they make telephone calls or send emails weekly to ensure timelines are not delayed and information is sent to the right department when required.

In the recent past, the facility-to-facility notification communications were completed by the institutions Investigator sending the information to their peer at the other facility, with a courtesy copy to each of the Hiring Authority.

On May 9, 2017, public clarifications came from the National PREA Resource Center in the form of a Frequently Asked Question. As of that date, the facility's notification begins with an email from the Hiring Authority (Warden, Police Chief, Sheriff...) to the other confinement center's Hiring Authority (Warden, Police Chief, Sheriff...) stating what information needs to be sent, via email, to the other facility.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden

- First Responder staff
- Random staff
- Shift Commanders
- Offenders that Reported Abuse
- First Responder training curriculum

The 46-page Prison Rape Elimination Act Officers Training Lesson plan and the 29-slide Corrections 101 PowerPoint presentation, were both reviewed.

The above listed training is provided to all staff and contract workers on an annual basis. Whether it is an Annual Block Training Year or a refresher year, the training for PREA are the same. The same formal PowerPoint and Lesson Plan are used every year.

This PowerPoint and Lesson Plan are also used in the Corrections Academy for all new cadets

During the 12 formal interviews, Custody Staff First Responders stated they would separate the victim from the alleged abuser and immediately notify their supervisor and investigative staff. They would take the victim to medical (if needed) and tell the offender why they should not to use the bathroom or clean off any potential evidence. If the incident occurred in a cell or open area, they would secure the cell door or cordon off the area, to preserve the crime scene. They would secure the abuser as soon as the abuser was known.

Although the First Responders are trained in evidence collection, responding Investigator may also collect the evidence.

Non-custody staff First Responders said they would notify custody staff and direct the alleged victim to not destroy evidence. Through those interviews, staff stated they would protect the offender, separate him from the alleged perpetrator, call the supervisor for further direction and notify investigators. All would be kept confidential except for staff that has a need to know.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.65: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.65 (a)

- Has the facility developed a **written institutional plan** to coordinate actions among staff **first responders**, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - First Responder staff
  - Warden
  - SANE staff
  - PREA Compliance Manager
- PREA Incident Operational Plan
- First Responder Checklist

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 150102, Coordinated Response to Sexual Assaults updated on August 1, 2017, is a 6-page document which outlines the agencies procedures, investigation process, forensic examination process and court referral/presentation process, was reviewed.

CD-150102 covers Initial Disclosure of a Sexual Assault incident, to include type of alarm and which positions are to respond. Additionally, it discusses the Serious Incident Checklist and what position is responsible to ensure it is followed. (In this case, it will be the Shift Supervisor). Further, it discusses the roles and responsibilities of the Investigators and Forensic staff. Finally, it gives the After Action/Follow-up that will occur when the Incident is concluded.

Both statewide and local policy establishes the coordination to be followed in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Executive and line staff understood the role they have in the response required when allegations of sexual abuse are made.

The Warden stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities Response Team members. This response procedure mirrors the agency policy.

The PREA Compliance Manager was able to tell the auditing team, step by step, how the Roswell Correctional Center staff responds to a PREA incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to PREA so that they can be reached at any time of day or night. All of the staff, volunteers, and contractors interviewed knew what their specific role was when responding to a PREA incident.

During the on-site visit, we did not observe a response to an allegation of sexual abuse; however, we did observe a coordinated response to a minor assault where staff came together to achieve their goal.

Through staff interviews, SANE interview, and policy review, the audit team has determined that the Roswell Correctional Center is in compliance with this standard.

All staff at the Roswell Correctional Center are trained in this procedure during annual refresher training.

**Corrective Action:** No corrective action was required for this standard.



## Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Warden

The New Mexico Corrections Department, which includes the Roswell Correctional Center, participate in collective bargaining with the American Federation of State, County and Municipal Employees, (AFSCME) headquartered in Washington D.C.

The current contract states, on page 106, under the Miscellaneous Provisions Applicable to all Posts/Post Packages, of the contract, that, 'The Employer has the right to remove an employee from his/her post of choice or assigned post, or to assign an employee to a post not of his/her choice if there is a substantial need to do so. The Employer will verbally notify the employee of the reason for such removal or assignment; and if requested in writing, by the employee, the Employer shall provide the reason in writing to the employee'.

Interviews with the Secretary and the Roswell Correctional Center's Warden, confirmed that they currently have Collective Bargaining contract with AFSCME that affects the staff at the Roswell Correctional Center. Further, they both stated that they are not restricted, in any way, to remove any employee from offender contact that has an allegation of sexual abuse against an offender, pending the outcome of an investigation.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.67: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Secretary
  - Warden

- Staff charged with Monitoring Retaliation
- Offender who Reported Abuse
- PREA Compliance Manager

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Policy states that the New Mexico Corrections Department has a “zero tolerance” policy regarding abuse, sexual misconduct and sexual harassment directed towards offenders.

Policy further states that any employee, inmate or other person who in good faith reports abuse or sexual misconduct will not be subject to retaliation. Information will be kept confidential. Wardens or their designee’s will monitor those who report sexual abuse or cooperate with investigations for ninety (90) days and take appropriate steps to protect individuals from retaliation, including periodic status checks on inmates.

Form CD-150102.2, is the New Mexico Corrections Department’s Staff Retaliation Monitoring form, updated August 1, 2017. This form is a check list that states the facility will monitor any inmate who has reported or cooperated in an investigation regarding a sexual abuse or sexual harassment matter. This will be completed by the Facility PREA Compliance Manager for a period of 90 days following a report. This form has the 15, 30 45 and 90 day review information needed to complete the 90 day Protection Against Retaliation monitoring process. Once completed, it is placed in the PREA investigation file and well as a copy to the Agency PREA Coordinator.

Auditors requested and received copies of a blank and completed forms.

Interviews with the PREA Compliance Manager and Staff charged with Monitoring Retaliation stated that all inmates and staff will be monitored for a minimum of 90 days. The reasons for continuance of more than 90 days, the termination to an Unfounded investigation or a transfer to another institution, will all be documented on the Protection Against Retaliation form. In the case of transfer, the other institution will continue the process and send the copies back to the original institution.

During the interview with the Secretary, he stated that the facility will use the Protection Against Retaliation process to follow-up with victims and those who report. Staff will take appropriate action if there appears to be any retaliation. Once follow-up is completed, the documents are maintained in the offender’s packet. If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual (staff or offender) who is retaliating.

The Warden, during his interview, indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc. The Warden also stated that retaliation is not acceptable and those who retaliate would be disciplined.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.68: Post-allegation protective custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

It is the policy of New Mexico Corrections Department that inmates will not be placed in any long-term segregation housing for protective custody reasons. Additionally, Inmates with protective custody issues will only be placed in restrictive housing if all other viable alternatives have been exhausted.

Further, policy states that the placement of inmates determined to be at high risk of sexual victimization into Special Management shall cite the basis for the facility's concern for the inmate's safety and the reason why no alternative placements are appropriate consistent with New Mexico Corrections Department Special Management policies.

The audit team observed no Roswell Correctional Center offender who allege to have suffered sexual abuse were held in involuntary segregated housing in past 12 months for more than 24 hours awaiting completion of the assessment.

The Warden stated that the facility has different housing options or programs that give them the ability to separate offenders. Additionally, the warden explained that the Roswell Correctional Center does not have an Administrative Segregation unit. Finally, the Roswell Correctional Center has not housed any offenders in protective custody who have alleged to have suffered sexual abuse during this audit period.

**Corrective Action:** No corrective action was required for this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.71 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

**115.71 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

**115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

**115.71 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.



- Interviews with the following:
  - Warden
  - PREA Coordinator
  - PREA Compliance Manager
  - Investigative staff
  - Offender who Reported Abuse
- Investigative Reports
- Training Records for Investigators

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 031800, Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting, updated February 23, 2015, which establishes uniform guidelines to ensure that allegations of personnel misconduct are investigated as appropriate while ensuring that the rights of staff and others involved are safeguarded during the process, was reviewed.

CD-150100 states that Medical, Mental Health, and Investigative Staff must take the training class for their respective specialized areas concerning PREA. The agency will maintain documentation that these specialized staff members have been trained.

The auditors requested and received the 9 specialized training certificates for the Agency Office of Professional Standards staff.

The auditors requested and received the 4 specialized training certificates for the Roswell Correctional Center's Office of Professional Standards staff.

The 26-slide 'Investigating Sexual Assaults in a Correctional Setting' PowerPoint and the 80-page Lesson Plan, was reviewed.

During the training, all participants;

- will correctly identify the four factors in sexual assault investigations in a correctional setting.
- will correctly identify the seven inmate related issues on investigating sexual assault.
- will correctly identify the seven staff barriers to investigations of sexual assault.
- will correctly identify the five barriers to investigating staff sexual misconduct.
- will correctly identify the six issues that facilities need to address in order to effectively investigate sexual assaults.
- will correctly identify two outside factors that impact sexual assault investigations
- will pass a test with a score of 75% or higher.

CD-031801 states, that at the local level, Prison Facility or Probation and Parole Region Office:

Each prison facility and Probation and Parole Region Office shall have the discretion to designate one or more Investigations Officers to conduct non-Level-1 investigations or to conduct Level-1 investigations as assigned by the Bureau Chief of Office of Professional Standards.

An Investigations Officer need not necessarily serve as an investigator in a full time capacity. The Investigations Officer shall report directly to the Bureau Chief of Office of Professional Standards throughout the investigative process regarding assigned cases from the Office of Professional Standards. The Investigations Officer shall also keep open communication with the appropriate Disciplinary Authority regarding investigation of matters within their sphere of authority.

Further, policy states that when, during the course of an investigation, the Investigations Officer becomes aware that the facts discovered indicate a violation of criminal law, the Investigations Officer shall immediately report the violation to the Bureau Chief of Office of Professional Standards, and the appropriate Disciplinary Authority.

The Bureau Chief of Office of Professional Standards shall consult with the New Mexico Corrections Department General Counsel to determine whether reasonable cause exists to believe that a violation of state or federal criminal law has occurred and, if so, shall immediately notify the law enforcement agency with the appropriate jurisdiction.

Additionally, policy states that in any investigation when it appears that alleged personnel misconduct, if proven, would also constitute a violation of criminal law, the Investigations Officer shall advise the Office of Professional Standards Bureau Chief. The Office of Professional Standards Bureau Chief shall consult with the New Mexico Corrections Department General Counsel and make a determination whether to proceed with the administrative investigation, or whether to defer such investigation or discipline while the criminal investigation proceeds, or whether to proceed with both investigations and actions subject to the restrictions on the use of evidence provided for by this policy and procedure.

If a determination is made to pursue the matter through administrative discipline, the employee suspected of misconduct must be advised in writing that:

- The employee is required to provide statements and responses which are full, truthful, and accurate relating to his or her employment, including providing responses to a polygraph examination; and
- The penalty for refusing to provide full, truthful, and accurate statements or take a polygraph examination, if requested, is dismissal; and
- Any statement made cannot be used against him or her in a subsequent criminal prosecution.

If a determination is made to initially pursue only a criminal investigation or prosecution, the employee shall not be required to submit to a polygraph or provide statements as a condition of continued employment until the criminal investigation is completed. Administrative action shall be deferred until the criminal investigation is completed.

Policy finally states that if during an administrative or criminal investigation, the Disciplinary Authority, Bureau Chief of OPS determines that it is in the best interests of the Department that the employee be removed from his or her assigned position, the employee may be:

- Temporarily placed on paid Administrative Leave subject to the procedures set forth in Policy Disciplinary Action for Classified Employees; or
- Temporarily reassigned to a position where he or she may function without threat to personal safety, the safety of others, or the orderly operations of the Department.

In the event there is an investigation regarding allegations of misconduct, which if proven true would constitute a crime, the employee will not be allowed to resign in lieu of administrative action or referral for criminal prosecution unless approved by the Deputy Secretary of Operations or Deputy Secretary of Administration, as applicable.

Nothing in this procedure is intended to limit the use of evidence obtained through an administrative investigation in a criminal prosecution other than statements compelled as a continuing condition of employment. The Bureau Chief of the Office of Professional Standards and New Mexico Corrections Department General Counsel may pursue both administrative and criminal investigations simultaneously, subject only to the limitations set forth in this policy.

Investigators are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The policy states that special attention shall be paid to all interviews, including compelled interviews; however, it does not mandate investigative staff to consult with prosecutors prior to conducting compelled interviews.

Policy requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The New Mexico Department of Public Safety also trains all their State Police Officers in Sexual Assault Training. The auditor requested and received a memorandum from their Training and Recruiting officer indicating all the information they receive during this training. This is mandated training by the New Mexico Law Enforcement Academy board.

Auditors conducted 2 interviews with investigative staff who indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively and thoroughly. Of the 8 allegations made, all of them were reviewed. Utilizing a checklist, the reviews looked for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statements, effective communications, as well as other guidelines. Through these file reviews, Investigative staff have shown that they are objective and treat each allegation on a case-by-case basis.

Investigative staff said when they are assigned and contacted for a PREA allegations investigation, they respond directly to the facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. They can contact the New Mexico State Police for assistance if it looks like the case is going toward felony prosecution. The State Police will contact the prosecutor for consultation. If staffs' actions were not within policy, it would be addressed appropriately, investigated, and sent through the disciplinary process. They stated that the investigation is continued on both staff and offender allegations and referred for prosecution if warranted, regardless of the perpetrators continued presence/employment at the facility.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. Inspector General Investigators, based out of Las Cruces and each in-house institution, conduct all investigations to include third party and anonymous reports.

Completed Sexual Incident Reports demonstrate that all allegations were investigated promptly, when the allegation was received from either the victim, a third party, or anonymously. 8 allegations of sexual abuse/harassment were alleged during the past twelve months.

The PREA Coordinator, provided hard-copy Sexual Incident Reports for the 8 allegations. During the site review, investigative reports were reviewed and collected. Sexual Incident Reports document that all allegations were investigated promptly and when the allegations was received.

The PREA Compliance Manager confirmed that all 13 investigative staff receive specialized training which meet this provision of the standard. Certificates indicating completion of other specialized trainings were also provided to the audit team.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.72: Evidentiary standard for administrative investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

## 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Investigative staff
- Investigative reports for allegations of Sexual Abuse

Corrections Department policy 031800, Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting, updated February 23, 2015, which establishes uniform guidelines to ensure that allegations of personnel misconduct are investigated as appropriate while ensuring that the rights of staff and others involved are safeguarded during the process, was reviewed.

Policy states that a Preponderance of Evidence is evidence that is of greater weight or more convincing than the evidence that is offered in opposition to it. That is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.

All investigations will be handled in a confidential manner, and findings will be determined by the preponderance of the evidence.

Policy requires the Appointing Authority to determine if the allegation is as follows:

- Substantiated: The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend teaches that substantiation is 51% that they are sure that the event occurred.
- Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false.
- Unfounded: The allegation was determined not to have occurred.
- Substantiation is based on a preponderance of evidence.

The Appointing Authority is the individual charged with determining the conclusion of the investigation. During interviews, Investigative staff interviews confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

During the interview with the Warden, he stated the outcome of all allegations is based on the evidence presented, in totality, of the reports.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.73: Reporting to inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

### **115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Investigative staff
  - Offender who Reported Abuse
- Investigative reports for allegations of Sexual Abuse

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Policy states that the New Mexico PREA Coordinator sends a letter to each offender at the on-set of an investigation and then again following an investigation into an offender's allegation that he/she suffer sexual abuse in an agency facility.

The offender shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Several copies of these letters were given to the auditors.

If an allegation was substantiated or unsubstantiated cases, the offender is provided additional information for the Rape Crisis Center if they have a need for information from a Victim Advocate or want to have a follow-up with a Mental Health provider.

CD-151000 states that an investigation shall be conducted and documented whenever a sexual assault or threat is reported. At the conclusion of an investigation into an inmate's allegations against a staff member, the inmate will be informed in writing (unless the investigation determines that the allegation is unfounded) whether:

- The staff member continues to be posted in the inmate's unit;
- The staff member continues to be employed;
- The staff member has been indicted; and,
- The staff member has been convicted.

At the conclusion of an investigation into an inmate's allegation against another inmate, the alleged victim will be informed in writing:

- Whether the alleged abuser has been indicted on a charge related to the sexual abuse in the facility; and,
- Upon the agency learning that the abuser has been convicted on a charge related to sexual abuse within the facility.

New Mexico Corrections Department conducts administrative investigations on all PREA related matters. Should a criminal component arise, New Mexico Corrections Department will notify local law enforcement so they may begin a criminal investigation. Staff at the facility will maintain continual contact with the law enforcement agency during this process.

During interviews, Investigative staff stated they also indicated that they have a local liaison with law enforcement if they are investigating any cases. Also, they maintain the allegation/incident file and review it daily for any needed information, or notifications required.

During the interview with the Warden, he stated he regularly receives information from the Investigator, the PREA Coordinator and the PREA Compliance Manager as to updates on any ongoing cases.

**Corrective Action:** No corrective action was required for this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No



### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 031800, Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting, updated February 23, 2015, which establishes uniform guidelines to ensure that allegations of personnel misconduct are investigated as appropriate while ensuring that the rights of staff and others involved are safeguarded during the process, was reviewed.

Corrections Department policy 032200, Code of Ethics, updated on April 28, 2017, which establishes the requirements for ethical conduct by New Mexico Corrections Department (NMCD) employees and other applicable personnel and to guard against conflicts of interest that may have an adverse effect on the Department including political practices, was reviewed.

Corrections Department policy 037800, Disciplinary Action for Classified Employees, updated on March 31, 2017, which establishes guidelines for the proper use of disciplinary action within the Corrections Department for classified employees, was reviewed.

Policy states that sexual conduct between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. For matters of sexual abuse, termination should be the presumptive disciplinary sanction for staff who engaged in sexual abuse. Licensed professionals engaging in sexual conduct with inmates will be reported to any relevant licensing body.

Employee conduct involving allegations of sexual misconduct, sexual assault or any other alleged violations of the criminal law shall be referred to local law enforcement for consideration for prosecution. These referrals shall be made even if the employee resigns or retires during or prior to the New Mexico Corrections Department's investigation. New Mexico Corrections Department reserves the right not to rehire any former employee whose allegations of violations of the criminal law are substantiated.

Through the interview with the Warden, the auditor learned that the Roswell Correctional Center had no substantiated PREA violation during this audit period. (Of the 8 allegations, 2 were Unfounded and 6 were Unsubstantiated) Also, the Roswell Correctional Center had no terminations for violations of the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.77: Corrective action for contractors and volunteers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### **115.77 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

## **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents interviews, site review)**

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Compliance Manager

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 031800, Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting, updated on February 23, 2015, which establishes uniform guidelines to ensure that allegations of personnel misconduct are investigated as appropriate while ensuring that the rights of staff and others involved are safeguarded during the process, was reviewed.

Corrections Department policy 060200, Citizen Involvement and Volunteers, updated December 8, 2016, which outlines the procedures for implementation of a program for citizen involvement and volunteers at all New Mexico correctional facilities and contract facilities; and to establish guidelines governing the recruitment, selection, orientation, training, and supervision of volunteers and Faith Representatives for faith and citizen programming within the New Mexico Corrections Department. Participation shall be limited only by documentation showing a threat to the safety of staff, inmates, or other persons involved in such activity, or that the activity itself disrupts the security or good order in the facility. Programs and observances shall be accommodated, within available time and space, unless an overriding compelling governmental interest exists, was reviewed.

Policy states that any volunteer who has or develops a relationship with an inmate other than that required for the specific program for which approval was granted as a volunteer will be denied or removed from volunteer status. Further, policy states that all volunteers will respect and comply with all institutional policies.

Policy also states that each volunteer shall complete an appropriate, documented orientation and/or training program prior to assignment and as needed.

Policy further states that any volunteer who has or develops a relationship with an inmate other than that required for the specific program for which approval was granted as a volunteer will be denied or removed from volunteer status.

Interviews with the Warden and PREA Compliance Manager confirmed that all allegations against contractors and volunteer are immediately investigated and the contractor or volunteer is temporarily suspended from facility grounds. (Gate Stop).

The Warden stated that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Additionally, during this audit period, the Roswell Correctional Center has had no contractors or volunteers corrective actions regarding acts concerning PREA cases.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.78: Disciplinary sanctions for inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

### **115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

### **115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

### **115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

### **115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

## 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
☒ Yes   ☐ No   ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Medical staff
  - Mental Health staff

Corrections Department policy 090100, Inmate Discipline, updated on September 19, 2016, which set out disciplinary procedures governing inmate rule violations and to provide written guidelines to ensure that inmate control and discipline are established and maintained, was reviewed.

Policy states for inmates in Special Management, APA and MHTC, the Disciplinary Officer will submit the Inmate Misconduct Mental Health Review form and a copy of the misconduct reports to the Facility Mental Health Manager. The Facility Mental Health Manager will determine:

- Whether there are or are no mental health issues; and,
- Recommend how the mental health issues should be considered during the disciplinary hearing. The Facility Mental Health Manager will then advise the Disciplinary Officer in writing in the Inmate Misconduct Mental Health Review form within one (1) working day.

Policy states offenders will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. The policy mandates that sanctions against offenders are to be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

Policy states that the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Policy also states that a report of sexual abuse, made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy states the agency may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity.

Mental Health Staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate.

The following general principles shall be applicable in every disciplinary action taken against an inmate:

- The action shall be reasonable and proportionate in relation to the violation.
- The action shall be taken in an impartial and nondiscriminatory manner.
- The action must never be arbitrary or retaliatory.

When interviewed, the Warden said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender's penalties. Penalties might include placement in restricted housing, loss of good time credit, and prosecution. If the offender has a mental health history, mental health staff will be involved throughout the process. Additionally, the warden states that Mental Health concerns are always considered when the investigation and adjudication occur. The Warden also stated that the Roswell Correctional Center has not had any offenders that were disciplined due to any PREA related cases.

Policy states that one of the Category 'A' offence is titled Sexual Misconduct: The inmate commits this when they are:

- Touching or having active or passive sexual contact with or fondling of the genitals, mouth, anus, breast or buttocks of another person, and whether or not the person consents to such conduct, regardless of whether the touching or contact is to clothed or unclothed parts of the body;
- Displaying one's anus, genitals, buttocks or female breast(s) to another person, regardless of the other person's expressed or implied consent to the accused inmate's conduct; or,
- Masturbating in the presence or direct vision of another person, regardless of the other party's expressed or implied consent to the conduct.

During Medical and Mental Health Staff interviews, the auditors were told the facility offers specialized therapy, counseling and other interventions to address underlying reasons for abuse. The offender's issues would be addressed during regular counseling sessions, group counseling sessions or individual counselling sessions, if needed.

At the Roswell Correctional Center participation in this type of counseling is not made a condition of access to programming or other benefits.

**Corrective Action:** No corrective action was required for this standard.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Offenders that disclosed Victimization during Risk Screening
  - Medical Staff
  - Mental Health Staff
  - Staff who screen for Victimization
  - Offenders who disclosed during Risk Screening
- Offender Custody file

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 180200, Behavioral Health Reception and Diagnosis Center (RDC), updated on November 30, 2016, which provide Behavioral Health intake services to inmates entering or returning to the New Mexico Corrections Department, including county jail inmates and court-ordered 60-day diagnostic evaluation inmates, and to ensure inmates with behavioral health needs receive required services, was reviewed.

Corrections Department policy 040100, Inmate Records, updated June 9, 2016, which establishes an accurate, efficient and secure system for the recording, managing and maintaining of case record data and which enables quick location of all inmates and maintenance of an accurate record of all inmate movement into, within and outside of an institution, was reviewed.

Corrections Department policy 176100, Patients' Rights and Responsibilities, updated on March 31, 2017, which establishes the rights and responsibilities of imprisoned patients regarding the Bureau of Health Services and the Mental Health Services Bureau of the New Mexico Corrections Department, was reviewed.

It states that information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners or Caseworkers, as necessary, to inform treatment plans, work, education, and program assignments, or as otherwise required by federal, state, or local law.

During interviews with the Medical and Mental Health staff, they stated that they obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. They ask each offender for their consent to inform other, non-medical or mental health staff due to the nature of the information. The Roswell Correctional Center does not house offenders under the age of 18.

The PREA Compliance Manager indicated that any of the above listed information is kept confidential and only certain classifications can view the information.

Interviews with staff who perform risk screening related that offenders who indicate they have previously perpetrated sexual abuse, during the Intake process, are offered a follow-up meeting with a medical and/or mental health practitioner. Policy further states all services provided for the above related treatments, shall be free of charge.

During the pre-audit and on-site review, after seeing and completing a document review of the entire Intake Screening process, it was unclear that the information received during that screening (high likelihood for victimization, high risk of being a perpetrator...) was able to be shared with security and classification staff that controlled housing and program needs.

The institution created an additional 'Shared Folder' on a designated electronic drive that can now be accessible to staff with a need-to-know this information. Staff such as Classification Supervisors, Caseworkers, Security Supervisors and the Lieutenant in charge of housing changes, now all have access to the Intake Screening Information. There is a Tracking Log to indicate who has access the information and why. Training was also given and documented to every staff member in all of the listed categories. On May 19, 2018, the auditor was sent the completed sign-in sheets and Lesson Plan.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
☒ Yes ☐ No

### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - First Responders
  - Medical staff
  - Mental Health staff
  - Offenders that reported Sexual Abuse

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 170100, Medical Clinical Services, Psychiatry Services, Detoxification, Intoxication and Withdrawal, updated on June 9, 2016, which establishes health programs, ancillary services, and a central authority for all correctional health services., was reviewed.

Corrections Department policy 180100, Behavioral Health Clinical Services updated on September 27, 2016, which identifies and refer inmates who meet the criteria for clinically based behavioral health treatment protocols. To provide guidelines for assessment, treatment and counseling needs. To establish, protocols for various types of behavioral health treatment/counseling, and guidelines for ensuring continuity of care, was reviewed.

The Memorandum of Understanding between the New Mexico Corrections Department and the New Mexico Coalition of Sexual Assault Programs, Inc, dated April 14, 2017, was reviewed.

Policy indicates that all medical and mental health care practitioners who work regularly in the facility are trained in evidence collection, detecting and assessing signs of sexual abuse and harassment and how to respond effectively and professionally to victims of sexual abuse and harassment. per the 'Specialized Training for Medical and Mental Health Care' lesson plan.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment is based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

All medical and mental health staff interviewed stated they have received the 'Specialized Training for Medical and Mental Health training. Certificates were provided to the auditors.

During interviews with Custody and Non-Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. Medical staff are summoned to the scene to treat the victim. If medical staff are unable to come to the incident scene, the victim is escorted to the medical staff.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

### **115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Medical staff
  - Mental Health staff
  - Offenders that reported Sexual Abuse

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Corrections Department policy 170100, Medical Clinical Services, Psychiatry Services, Detoxification, Intoxication and Withdrawal, updated on June 9, 2016, which establishes health programs, ancillary services, and a central authority for all correctional health services., was reviewed.

Corrections Department policy 180100, Behavioral Health Clinical Services, updated on September 27, 2016, which identifies and refer inmates who meet the criteria for clinically based behavioral health treatment protocols. To provide guidelines for assessment, treatment and counseling needs. To establish, protocols for various types of behavioral health treatment/counseling, and guidelines for ensuring continuity of care, was reviewed.

Corrections Department policy 180103, Request for Behavioral Health Services, Triage and Tracking updated on September 27, 2016, which sets policy to request, track and schedule Mental Health care, was reviewed.

The Memorandum of Understanding between the New Mexico Corrections Department and the New Mexico Coalition of Sexual Assault Programs, Inc, dated April 14, 2017, was reviewed.

Policy states that all inmates seeking treatment shall be accorded the same right to bodily integrity and human dignity during examinations, treatments and procedures as is standard in a community health care facility. If medical or mental health treatment cannot be provided at the Roswell Correctional Center, the offender is transported to the Eastern New Mexico Medical Center in Roswell, New Mexico.

Policy also states that abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate and that mental health staff shall attempt to conduct mental health evaluations of all known inmate on inmate abusers within 60 days of learning of the known abuse.

During interviews with Custody and Non-Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. Medical staff are summoned to the scene to treat the victim. If medical staff are unable to come to the incident scene, the victim is escorted to the medical staff.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment is based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. All medical and mental health staff interviewed stated they have received the 'Specialized Training for Medical and Mental Health training. Certificates were provided to the auditors.

**Corrective Action:** No corrective action was required for this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ Exceeds Standard (*Substantially exceeds requirement of standards*)
- ☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Compliance Manager
  - Incident Review Team Members
- Meeting notes, with sign-in sheets



Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Policy CD-150100 states the Warden and Facility PREA Compliance Manager should complete the Sexual Abuse Incident Team review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. A completed report will be submitted to the PREA Coordinator and the Secretary of Adult Prisons, or designee using the Sexual Abuse or Assault Incident Review Team form. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical/mental health practitioners. The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in the area during the different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings on the Sexual Abuse or Assault Incident Review Team form including but not necessarily limited to determinations made pursuant to paragraphs (2) (a) through (2) (e) of this section. This will be completed within 30 days of the outcome of the investigation;
- All staff present during the review will sign a PREA Sexual Abuse Response Team Committee Confidentiality Agreement form.

Members of the Team include the PREA Compliance Manager, Custody Captain, Medical and Mental Health supervisors, and a variety of management and shift supervisory staff. All those who attend had input and sign in.

Interviews with the PREA Compliance Manager and 2 Facility Sexual Abuse Response Team Committee members indicates that the committee reviews each investigation and addresses each of the criteria required per the standard. The minutes are submitted to the Warden and the PREA Compliance Manager to ensure any modifications recommended by the committee are completed.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Coordinator
  - PREA Compliance Manager
- Annual Report posted on the New Mexico Corrections Department website

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

The New Mexico Corrections Department and Roswell Correctional Center securely collect data in an electronic data base called IAPro, which is security software produced by CI Technologies.

Access to IAPro is strictly limited to those with a legitimate need to know, and access to this data base and the Confidential PREA information contained within, must be authorized through the Secretary of Corrections.

CD-150101 states that all case records associated with claims of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in a confidential manner and are retained for as long as the alleged abuser is incarcerated or employed by agency plus five years.

The New Mexico Corrections Department publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts on its public website at <http://cd/nm/prea.html>.

The annual Assessment for the years 2012-2016 are available in the above listed website.

During the interview with the PREA Compliance Manager, she stated that each individual Sexual Incident Report is submitted to the PREA Compliance Manager and discussed at the next Facility Sexual Abuse Response Team Committee meeting. The PREA Compliance Manager also stated and provided documentation, that she maintains a record of all reports of sexual abuse at the facility. The PREA Compliance Manager also discussed and provided the Monthly PREA Incident Tracking Logs that are reviewed by the Warden, PREA Coordinator and PREA Compliance Manager monthly

The PREA Coordinator stated that the facilities have access to the agency's Sexual Incident Reporting system. This is the system utilized to collect PREA data. The information is then compiled and reported to the Department of Justice, annually.

The audit team was provided with the agency's current and last year's Annual Assessments. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.88: Data review for corrective action**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Coordinator
  - PREA Compliance Manager

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

Policy requires that, annually, the Warden and the PREA Compliance Manager, as well as any other designated staff, shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance with this policy and administrative procedure.

This evaluation shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing the sexual abuse program and procedural changes shall be made at the facility based upon this evaluation.

The report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The facility's annual report must be approved by the PREA Coordinator and made readily available to the public through the department's public website.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. She further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through the interview with the Warden, the auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

The PREA Compliance Manager indicated all Sexual Incident Report information is provided to the PREA Coordinator for annual review. After completion, this report is posted on the New Mexico Corrections Department website.

The audit team was provided with the 2015 and 2016 Prison Rape Elimination Act Annual Report which is also posted on the agency website, which compares data from the past two years. No personal identifying information was included in this report.

Again, the New Mexico Corrections Department publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts on its public website at <http://cd/nm/prea.html>.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.89: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes ☐ No

#### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### **115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents interviews, site review)

- Roswell Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- New Mexico Corrections Department website

Corrections Department policy 150100, Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, updated on August 1, 2017, which outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy, was reviewed.

The New Mexico Corrections Department and Roswell Correctional Center securely collect data in an electronic data base called IAPro, which is security software produced by CI Technologies. Access to IAPro is strictly limited to those with a legitimate need to know, and access to this data base and the Confidential PREA information contained within, must be authorized through the Secretary of Corrections.

CD-150101 states that all case records associated with claims of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in a confidential manner and are retained for as long as the alleged abuser is incarcerated or employed by agency plus five years.

The New Mexico Corrections Department publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts on its public website at <http://cd/nm/prea.html>.

**Corrective Action:** No corrective action was required for this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
☒ Yes   ☐ No   ☐ NA

**115.401 (b)**

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes   ☐ No

**115.401 (h)**

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
☒ Yes   ☐ No

**115.401 (i)**

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes   ☐ No

**115.401 (m)**

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
☒ Yes   ☐ No

**115.401 (n)**

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes   ☐ No

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



## Evidence Reviewed (documents interviews, site review)

The Roswell Correctional Center was audited during the previous, 2013-2016, audit cycle on February 16-18, 2016. This audit was conducted, during the current audit cycle, (2017-2019) on February 8-9, 2018.

The New Mexico PREA website, <http://cd.nm.gov/prea/prea.html> states all 11 institutions under their control, received an audit during the last audit cycle.

During the on-site audit, auditors were able to speak with any staff member or offender, at any time, in a confidential setting. We were also provided any and all documentation requested/required in a timely fashion. Finally, the auditors were able to walk throughout all areas of the institution, under escort, that were requested/required.

During offender interviews, auditors were informed that offenders had access to send confidential mail to the posted auditors address at any time during the pre, on-site and post audits. It should be noted, this auditor did not receive any correspondence from offenders at the Roswell Correctional Center, at this time.

This commitment to PREA related issues, by the New Mexico Corrections Department, was reiterated and confirmed during interviews with the Warden and PREA Coordinator.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit.
- In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents interviews, site review)

The completed New Mexico Corrections Department PREA Audit reports are located and available to be reviewed on the department's website. (<http://cd.nm.gov/prea/prea.html>)

The past audits was reviewed prior to this audit.

**Corrective Action:** No corrective action was required for this standard.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

**Roger Lynn Benton**  
Auditor Signature

**Monday, May 21, 2018**  
Date

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.